Fill in this information to identify your case:		PDW.0. 33800
United States Bankruptcy Court for the: District of New Jersey Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	U.S. BANKRUPTCY COURT FILED HEWARK, N.J 2025 JUN 30 P 12: 28 Check if this is an amended filling BY: DEAN COURT

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	KEYLA		
		First name	First name	
		Middle name MELENDEZ	Middle name	
	Bring your picture identification to your meeting	Last name	Last name	
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	First name	First name	
	Include your married or	Middle name	Middle name	
	maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this	Last name	Last name	
		First name	First name	
		Middle name	Middle name	
	petition.	Last name	Last name	
		Business name (if applicable)	Business name (if applicable)	
		Business name (if applicable)	Business name (if applicable)	
3.	Only the last 4 digits of	xxx - xx - 1 9 0 8	VVV	
	your Social Security number or federal	OR	XXX - XX OR	
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx	

Debtor 1 KEYLA First Name Middle Name		Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
 Your Employer Identification Number (EIN), if any. 	EIN	EIN
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	44 OLD MALLEYRUN RD Number Street	Number Street
	WARREN NJ 07059 City State ZIP Code	City State ZIP Code
	SOMERSET	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
6. Why you are choosing this district to file for	Check one:	Check one:
bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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KEYLA		MELENDEZ
First Name	Middle Name	Last Name

Case number (if known)	
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Tell the Court About Your Bankruptcy Case

7.	The chapter of the Bankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	are choosing to file	☑ Chapter 7					
	under	☐ Chap					
		☐ Chap					
		☐ Chap					
		····					
8.	How you will pay the fee	local yours subn with	court for self, you nitting y a pre-p	or more details about how u may pay with cash, cas our payment on your bel rinted address.	w you m shier's c half, you	nay pay. Typicall heck, or money ur attorney may p	pay with a credit card or check
							tion, sign and attach the nts (Official Form 103A).
		By la less pay l	iw, a jud than 15 the fee	ige may, but is not requi	red to, v / line tha loose th	waive your fee, a at applies to you iis option, you m	on only if you are filing for Chapter 7. and may do so only if your income is a family size and you are unable to ust fill out the Application to Have the with your petition.
•	Have you filed for	F21					
9.	bankruptcy within the	☑ No ☐ Yes.	Dietriet		When		Case number
	last 8 years?	☐ Yes.	District		vvnen	MM / DD / YYYY	
			District		When	MM / DD / YYYY	Case number
			District		When		Case number
	en e						
10.	Are any bankruptcy	✓ No					
	cases pending or being filed by a spouse who is	Tyes.	Debtor				Relationship to you
	not filing this case with you, or by a business partner, or by an affiliate?		District		When	MM / DD / YYYY	Case number, if known
			Debtor				Relationship to you
			District		When	MM / DD / YYYY	Case number, if known
11.	Do you rent your residence?	☑ No. ☐ Yes.	Go to line 12. Has your landlord obtained an eviction judgment against you?				
				Go to line 12.			
				s. Fill out <i>Initial Statement A</i> t of this bankruptcy petition.		Eviction Judgment	Against You (Form 101A) and file it as

no	htor	1

KEY	LA

Middle Name

MELE	ENDEZ
l a	st Name

Case number (if known)	
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Part 3:

Report About Any Businesses You Own as a Sole Proprietor

12.	Are you a sole proprietor
	of any full- or part-time
	business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any			
Number Street			
City		State	ZIP Code
Check the appropriate box to o	lescribe your business:		
Health Care Business (as	tefined in 11 U.S.C. § 1	01(27A))	
☐ Single Asset Real Estate (as defined in 11 U.S.C.	§ 101(51E	3))
☐ Stockbroker (as defined in	11 U.S.C. § 101(53A))		
Commodity Broker (as def	ned in 11 U.S.C. § 101(6))	
☐ None of the above			

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

7	No I	am	not	filing	under	Chapter	11
_	¥U.	ı allı	IIVI	miliu	ultuci	CHAPTE	11,

☐ No.	I am filing under Chapter	11, but I am NOT	a small business	debtor according t	o the definition ir
	the Bankruptcy Code.				

- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- ☐ Yes, I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

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EYLA	MELENDEZ	
et Norme Middle Norme	l set Name	

Case number (if known)		

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

🗹 No						
☐ Yes.	What is the hazard?			 		-
						_
	If immediate attention is	s needed, wh	y is it needed?	 		
				 		-
	Where is the property?					-
		Number	Street			
						-
		City		State	ZIP Code	-

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

	I am not required to receive a briefing about credit counseling because of:				
Incapacity	I have a mental illness or a mental deficiency that makes me incapable of realizing or making				

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

rational decisions about finances.

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit
counseling agency within the 180 days before
filed this bankruptcy petition, and I received a
certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

☐ Incapacity.	I have a mental illness or a mental
•	deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

MELENDEZ Last Name

Case number (if known)

Part 6:	Answer	These	Questions	for

	Answer I nese Ques	tions for Reporting Purposes				
16.	What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." □ No. Go to line 16b. □ Yes. Go to line 17.			old purpose."		
		16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
		No. Go to line 16c.☐ Yes. Go to line 17.				
		16c. State the type of debts you owe	e that are not consumer debts or busines	ss debts.		
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Chapte	er 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	✓ Yes. I am filing under Chapter 7. administrative expenses an ✓ No ☐ Yes	. Do you estimate that after any exempt pe paid that funds will be available to distr	oroperty is excluded and ribute to unsecured creditors?		
18.	How many creditors do you estimate that you owe?	☐ 1-49 ☐ 50-99 ☑ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000		
19.	How much do you estimate your assets to be worth?	☑ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?	☐ \$0-\$50,000 ☐ \$50,001-\$100,000 ☑ \$100,001-\$500,000 ☐ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
Pa	rt 7: Sign Below					
Fc	or you	I have examined this petition, and I correct.	declare under penalty of perjury that the	information provided is true and		
		If I have chosen to file under Chapte of title 11, United States Code. I und under Chapter 7.	er 7, I am aware that I may proceed, if eli derstand the relief available under each o	gible, under Chapter 7, 11,12, or 13 hapter, and I choose to proceed		
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill of this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with th	ne chapter of title 11, United States Code	, specified in this petition.		
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
		Signature of Debtor 1	Signature of	Debtor 2		
		Signature of Debtor 1 Signature of Debtor 2 Executed on 6 23 2025 Executed on MM / DD /YYYY				

ICEY A Melendez

Case number (# known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	
Signature of Attorney for Debtor	- · · · ·	MM / DD /YYYY
rinted name		
Firm name		
Number Street	***	
City	State	ZIP Code
Contact phone	Email addre	ess
Bar number	State	

TRANSPORT OF CONTRACTOR OF THE STATE OF THE

<u>KEYLA</u>

Middle Name

MELENDEZ

Last Na

Case number (# known)_____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious consequences?	action with long-term financial and legal
□ No	
☑ Yes	
	-
Are you aware that bankruptcy fraud is a serious criminaccurate or incomplete, you could be fined or impri	
□ No	
☑ Yes	
Did you pay or agree to pay someone who is not an	attorney to help you fill out your bankruptcy forms?
☑ No	
Yes, Name of Person	•
Attach Bankruptcy Petition Preparer's Notice, L	Declaration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the	
have read and understood this notice, and I am awa	
attorney may cause me to lose my rights or property	if I do not properly nandle the case.
· Leula Welall	*
Signature of Debtor 1	Signature of Debtor 2
(012312025	
Date MM DD /YYYY	Date MM / DD / YYYY

Contact phone

Cell phone
Email address

(908) 691-8900

Contact phone

Email address

Cell phone

	1
Fill in this information to identify your case:	4 .
Debtor 1 KEYLA MELENDEZ First Name Middle Name Last Name	U.S. BANKRUPTCY COURT
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	HEAVERY AT
United States Bankruptcy Court for the District of New Jersey	7075 JUN 30 P 12: 29
Case number	
2	USANHE A. HAUGHTON Check if this is an amended filling
	B : CERTLY CLERK
Official Form 106Dec	O DEPOS DE
Declaration About an Individual De	btor's Schedules 12/15
If two married people are filing together, both are equally responsible for supply	ring correct information.
You must file this form whenever you file bankruptcy schedules or amended sc	=
obtaining money or property by fraud in connection with a bankruptcy case can	
years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
Sign Below	
Did any many to the control of the c	and hardward or farme?
Did you pay or agree to pay someone who is NOT an attorney to help you fill No	out bankruptcy forms?
	ttach Bankruptcy Petition Preparer's Notice, Declaration, and
S	ignature (Official Form 119).
Under penalty of perjury, I declare that I have read the summary and schedu	les filed with this declaration and
that they are true and correct.	es med with this declaration and
11	
* hula blilled x	
Signature of Debtor 2	

Date 06/23/2025

Date MM / DD / YYYY

Fill in this in	nformation to identify your case and th	is filing:		
Debtor 1	KEYLA	MELENDEZ		
Debtor 2	First Name Middle Name	Last Name		
(Spouse, if filing		Last Name		
United States	Bankruptcy Court for the: District of New Jer	sey		
Case number				Check if this is an
				amended filing
Official	Form 106A/B			
Sche	dule A/B: Proper	fv		12/15
		ns. List an asset only once. If an asset fits in more		
responsible write your	e for supplying correct information. If r name and case number (if known). Ans	lete and accurate as possible. If two married peop nore space is needed, attach a separate sheet to t wer every question. J. Land, or Other Real Estate You Own or Ha	his form. On the top of a	oth are equally any additional pages,
No. G Yes. 1 1.1. Str	oo to Part 2. Where is the property? eet address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number:	Do not deduct secured chathe amount of any secure Creditors Who Have Clair Current value of the entire property? Describe the nature of interest (such as fee the entireties, or a life.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership simple, tenancy by e estate), if known.
12	n or have more than one, list here: eet address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
5 (f	ect address, il avaliable, ui utilei description	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
City	y State ZIP Code	 Land Investment property Timeshare Other Who has an interest in the property? Check one. 	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by

Official Form 106A/B Schedule A/B: Property page 1

lacksquare At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor 1 and Debtor 2 only

☐ Check if this is community property (see instructions)

Debtor 1 only
Debtor 2 only

County

1.3,	Street address, if available		What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Describe the nature of	d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
	City	State ZIP Code	Other Check one.	interest (such as fee the entireties, or a life	simple, tenancy by
	County		☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this ite		mmunity property
2. Add :	the dollar value of the	portion you own for a	property identification number: Il of your entries from Part 1, including any entries	s for pages	\$ 0.00
Do you	own, lease, or have leg	al or equitable interes	st in any vehicles, whether they are registered or		3
/ou own 3. Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors	al or equitable interes	e, also report it on Schedule G: Executory Contracts		3
Do you you own B. Cars D N	own, lease, or have leg that someone else drive , vans, trucks, tractors to 'es	al or equitable interes	e, also report it on Schedule G: Executory Contracts	and Unexpired Leases. Do not deduct secured cla	ims or exemptions. Put
Oo you you own 3. Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors to 'es	ial or equitable interests. If you lease a vehicles, sport utility vehicles FORD EDGE	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one.	and Unexpired Leases.	iims or exemptions. Put d claims on <i>Schedule D:</i>
Do you you own B. Cars D N	own, lease, or have leg that someone else drive , vans, trucks, tractors to 'es Make:	al or equitable interests. If you lease a vehicles, sport utility vehicles	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	iims or exemptions. Put d claims on <i>Schedule D:</i>
Do you you own B. Cars D N	own, lease, or have leg that someone else drive , vans, trucks, tractors to 'es Make: Model: Year:	al or equitable interests. If you lease a vehicles, sport utility vehicles FORD EDGE 2014	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Claim	nims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the
Oo you own Ou ow	own, lease, or have leg that someone else drive, vans, trucks, tractors lo es Make: Model: Year: Approximate mileage:	FORD EDGE 2014 160,889	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property?	nims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the portion you own?
Oo you own Ou ow	own, lease, or have leg that someone else drive, vans, trucks, tractors to res Make: Model: Year: Approximate mileage: Other information:	FORD EDGE 2014 160,889	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$4,500.00 Do not deduct secured clathe amount of any securer Creditors Who Have Claim	nims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Do you you own 3. Cars 1 N 2 Y 3.1.	own, lease, or have leg that someone else drive, vans, trucks, tractors to es Make: Model: Year: Approximate mileage: Other information:	FORD EDGE 2014 160,889	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 4,500.00 Do not deduct secured clathe amount of any secured clathers.	nims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

MELENDEZ

Debtor 1

Middle Name

Case number (if known)_

	KEYLA First Name Middle Name	MELENDEZ Case number (# A	nown)	······································
3,3,	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	 Debtor 1 and Debtor 2 only At least one of the debtors and another 	entire property?	portion you own?
		At least one of the debtors and another		
	Other information:	☐ Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
-,	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
		Debtor 2 only		, , ,
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	entire property:	portion you own:
	Other information:	_	c r	\$
		Check if this is community property (see instructions)	Φ	Φ
xan	pples: Boats, trailers, motors, persor	/s and other recreational vehicles, other vehicles, and accessional watercraft, fishing vessels, snowmobiles, motorcycle accessor		
Exan ☑ N	oples: Boats, trailers, motors, person	nal watercraft, fishing vessels, snowmobiles, motorcycle accesso		
Zan Z N J Y	oples: Boats, trailers, motors, person	mal watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one.	ries Do not deduct secured cla	ims or exemptions. Put
	oples: Boats, trailers, motors, person o es	watercraft, fishing vessels, snowmobiles, motorcycle accessors. Who has an interest in the property? Check one. Debtor 1 only	ries	d claims on <i>Schedule D.</i>
Exan ☑ N ☑ Y	oples: Boats, trailers, motors, person o es Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Pries Do not deduct secured clay the amount of any secured.	d claims on <i>Schedule D.</i>
Zan Z N J Y	nples: Boats, trailers, motors, person o es Make: Model: Year:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Pries Do not deduct secured clay the amount of any secured.	d ctaims on Schedule D ns Secured by Property.
Zan Z N J Y	oples: Boats, trailers, motors, person o es Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Pries Do not deduct secured class the amount of any secured Creditors Who Have Clain	d ctaims on Schedule D ns Secured by Property.
Zan Z N J Y	nples: Boats, trailers, motors, person o es Make: Model: Year:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D ns Secured by Property. Current value of the
Z N Y	nples: Boats, trailers, motors, person o es Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule Dans Secured by Property. Current value of the portion you own?
Z N Z N J Y 14.1.	mples: Boats, trailers, motors, person on essembles: Make: Make: Model: Year: Other information: own or have more than one, list he	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured cla	d claims on Schedule Dins Secured by Property. Current value of the portion you own? \$
Exam N N Y 4.1.	mples: Boats, trailers, motors, person on essembles: Make: Make: Model: Year: Other information: own or have more than one, list he	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D as Secured by Property. Current value of the portion you own? \$

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

4,500.00

Current value of the

portion you own?

Current value of the

entire property?

Year:

Other information:

Debtor 1 and Debtor 2 only

instructions)

At least one of the debtors and another

☐ Check if this is community property (see

MELENDEZ

Case number (# known)_

First Name

ddle Name

Last Name

Do you own or have any	legal or equitable interest in any of the following items?		value of the
Do you own or have any	legal of equitable alterest arally of the following remo.	-	you own? duct secured claims ions.
6. Household goods and	d furnishings		
Examples: Major applia	ances, furniture, linens, china, kitchenware		
☐ No			
Yes. Describe	BEDROOM SET, 3 SET OF LINENS, COFFEE MACHINE	\$	1,700.00
7. Electronics			
Examples: Televisions	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music		
collections;	electronic devices including cell phones, cameras, media players, games		
□ No			
✓ Yes. Describe	TELEVISION CELLPHONE	\$	1,000.00
8. Collectibles of value			
Examples: Antiques an	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects;		
• •	or baseball card collections; other collections, memorabilia, collectibles		
No Yes, Describe			0.00
Carrest Describe		\$	0.00
9. Equipment for sports			
• •	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes		
	carpentry tools; musical instruments		
☑ No	\$		
Yes. Describe	•	\$	0.00
10. Firearms			
	s, shotguns, ammunition, and related equipment		
No Yes. Describe		İ	0.00
Tes. Describe	•	\$	0.00
11. Clothes			
Examples: Everyday cl	othes, furs, leather coats, designer wear, shoes, accessories		
☐ No	;		
Yes, Describe	EVERYDA CLOTHES: JEANS ANS SHIRTS	\$	400.00
	\$!	
12, Jewelry			
Examples: Everyday je	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
gold, silver			
☐ No			
Yes. Describe		\$	
13. Non-farm animals			
Examples: Dogs, cats,	birds, horses		
□ No			
Yes. Describe		4	
- 100, D6001100,	1	Ψ	
14. Any other personal an	d household items you did not already list, including any health aids you did not list		
☑ No			
Yes. Give specific			
information		3	
15 Add the dellar value o	f all of your entries from Part 3, including any entries for pages you have attached		2 400 00
	umber here	\$	3,100.00

Debtor	1	

MELENDEZ

Case number (if	if known)	
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Part 4: Describe Your Financial Assets

Do you own or have any	legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examples:</i> Money you	have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you	file your petition	
☑ No □ Yes			Cash:	\$0.00
17. Deposits of money Examples: Checking, s and other s	savings, or other financial accou imilar institutions. If you have m	unts; certificates of deposit; shares in credit unior oultiple accounts with the same institution, list eac	ns, brokerage houses, ch.	
☑ No ☑ Yes		Institution name:		
	17.1. Checking account:			\$
	17.2. Checking account:			\$
	17.3. Savings account:			\$
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			
				\$
	17.9. Other financial account:			\$
	or publicly traded stocks investment accounts with broke Institution or issuer name:	erage firms, money market accounts		
				\$
				\$
				\$
an LLC, partnership,		rated and unincorporated businesses, includ	ing an interest in	
☑ No ☑ Yes. Give specific	Name of entity:		% of ownership:	_
information about			0% %	\$
them			0% %	\$ \$
				Ψ

KEYLA	
First Name	

Middle Name

MELENDEZ

Last Name

Case number (if known)

	ate bonds and other negotiable and non-		
Negotiable instruments Non-negotiable instrume	clude personal checks, cashiers' checks, pro of sits are those you cannot transfer to someone	omissory notes, and money orders. B by signing or delivering them.	
☑ No			
Yes. Give specific information about	Issuer name:		_
them			\$
			\$ \$
			<u> </u>
21. Retirement or pension <i>Examples</i> : Interests in If		gs accounts, or other pension or profit-sharing plans	
☑ No			
Yes. List each account separately.	Type of account: Institution name:		
	401(k) or similar plan:		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	Additional account:		\$
Examples: Agreements companies, or others	deposits you have made so that you may cor ith landlords, prepaid rent, public utilities (ele		
No No	han detention of a management of the circles and		
Yes	Institution name or individual Electric:	:	m.
	Gas;		\$ œ
	Heating oil:		φ\$
	Security deposit on rental unit:		\$
	Prepaid rent:		\$
	Telephone:		\$
	Water:		\$
	Renled furniture:		\$
	Other:		\$
22 Ameritian /A contract for	a poriodia payment of managets you gither fo	or life or for a number of years)	
23. Annuities (A contract for No	a periodic payment of money to you, either fo	л не ог юга нипиего увагој	
Yes	Issuer name and description:		
	b		\$

Debtor 1	KEYLA		MELENDEZ Case	number (if known)	
	First Name Middle N	lame	Last Name	•	
			ount in a qualified ABLE program, or under a qual	lified state tuition program.	
	§§ 530(b)(1), 529A(b	o), and 529(b)(1).		
No No					
Yes		Institution r	name and description. Separately file the records of a	nny interests,11 U.S.C, § 521(c	;) ;
					\$
					\$
					\$
					Ψ
Trusts, eq	uitable or future int	terests in p	roperty (other than anything listed in line 1), and i	rights or powers	
	le for your benefit				
☑ No	r				···
	live specific				\$
IIHOITHE	adon about them				
Patents, c	opvrights, tradema	rks, trade :	secrets, and other intellectual property		
			es, proceeds from royalties and licensing agreements	3	
🗹 No					
🔲 Yes, G	ive specific				
informa	ation about them] \$
	e 45l		t best and a block of the second block of the		
	franchises, and oth Building permits, ex		nses, cooperative association holdings, liquor licenses	s, professional licenses	
☑ No					Ta .
	ive specific				\$
intorma	ation about them				Ψ
onev or nro	perty owed to you?	7			Current value of the
oney or pro	perty office to your	•			portion you own?
					Do not deduct secured claims or exemptions.
T					
	is owed to you				
☐ No	-	on	VEC EILE 2024 TAVEC BUT HAVE NOT		claims or exemptions.
□ No ☑ Yes. G	is owed to you ive specific information	on whether	YES FILE 2024 TAXES BUT HAVE NOT	Federal:	claims or exemptions. \$ 3,386.00
□ No ☑ Yes. G at	ive specific informati bout them, including bu already filed the re	whether eturns	RECEIVED AND REFUND	Federal: State:	claims or exemptions.
□ No ☑ Yes. G at	ive specific informati	whether eturns	RECEIVED AND REFUND		claims or exemptions. \$ 3,386.00
□ No ☑ Yes. G at	ive specific informati bout them, including bu already filed the re	whether eturns	RECEIVED AND REFUND	State:	claims or exemptions. \$ 3,386.00
☐ No ☑ Yes. G ab yo ar	ive specific information them, including out them, including ou already filed the rend the tax years	whether eturns	RECEIVED AND REFUND	State:	claims or exemptions. \$ 3,386.00
No Yes. G at yo ar	ive specific information them, including ou already filed the rend the tax years	whether eturns	RECEIVED AND REFUND	State: Local:	\$ 3,386.00 \$ 1,783.00
No Ves. G ab yo ar	ive specific information them, including ou already filed the rend the tax years	whether eturns	RECEIVED AND REFUND	State: Local:	\$ 3,386.00 \$ 1,783.00
No Yes. G at yo ar Family sup Examples:	ive specific information them, including ou already filed the rend the tax years	whether eturns 	RECEIVED AND REFUND	State: Local: settlement, property settleme	\$ 3,386.00 \$ 1,783.00
No Yes. G at yo ar Family su Examples:	ive specific information them, including ou already filed the rend the tax years	whether eturns 	RECEIVED AND REFUND	State: Local: e settlement, property settleme	\$ 3,386.00 \$ 1,783.00 \$
No Yes. G at yo ar Family su Examples:	ive specific information them, including ou already filed the rend the tax years	whether eturns 	RECEIVED AND REFUND	State: Local: settlement, property settleme Alimony: Maintenance:	\$ 3,386.00 \$ 1,783.00 \$
No Yes. G at yo ar Family sup Examples:	ive specific information them, including ou already filed the rend the tax years	whether eturns 	RECEIVED AND REFUND	State: Local: e settlement, property settleme Alimony: Maintenance: Support:	\$ 3,386.00 \$ 1,783.00 \$
No Yes. G at yo ar Family sup Examples:	ive specific information them, including ou already filed the rend the tax years	whether eturns 	RECEIVED AND REFUND	State: Local: e settlement, property settleme Alimony: Maintenance: Support: Divorce settlement:	\$ 3,386.00 \$ 1,783.00 \$
No Yes. G at yo ar Family su Examples:	ive specific information them, including ou already filed the rend the tax years	whether eturns 	RECEIVED AND REFUND	State: Local: e settlement, property settleme Alimony: Maintenance: Support:	\$ 3,386.00 \$ 1,783.00 \$

☐ Yes. Give specific information.....

☑ No

Debtor 1	KEYLA First Name Middle Name	MELENDEZ Last Name	Case number (if known)	
		ance; health savings account (HSA); cr	redit, homeowner's, or renter's insurance	
	es. Name the insurance company of each policy and list its value.	Company name:	Beneficiary:	Surrender or refund value:
				<u> </u>
If you	erty because someone has died.		policy, or are currently entitled to receive	
	es. Give specific information			
		i ! !		\$
	nples: Accidents, employment dispu	or not you have filed a lawsuit or ma tes, insurance claims, or rights to sue	de a demand for payment	
□ Y	es. Describe each claim	3		\$
to se	t off claims lo	ms of every nature, including count	terclaims of the debtor and rights	
□ Y	es. Describe each claim			\$
35. Any f	inancial assets you did not alread	ly list		
Z N	o	1		
☐ Y	es. Give specific information			\$ <u></u>
		ies from Part 4, including any entrie		5,169.00
for Pa	art 4. Write that number here	.,,,		\$ 0,100.00
Part 5:	Describe Any Business	-Related Property You Own	or Have an Interest In. List ar	y real estate in Part 1.
37. Do y o	ou own or have any legal or equit	able interest in any business-related	I property?	
	o. Go to Part 6.			
U Y	es. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
	unts receivable or commissions y	you already earπed		·
⊿ N	o es. Describe			
 11	es. Descripe,			\$

Official Form 106A/B Schedule A/B: Property page 8

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

39. Office equipment, furnishings, and supplies

No.

☐ Yes, Describe.....

Debtor 1	KEYLA	MELENDEZ	Case number (if known)	
	First Name	Middle Name Last Name		
40. Machi	nery, fixtures,	equipment, supplies you use in business, and tools o	f your trade	
☐ No				
	s. Describe	NAIL DRILL, NAIL DRYER, NAIL TABLE ANI		\$800.00
41. Invent	ory			
☑ No				
☐ Ye	s. Describe			\$
42. Interes	sts in partners	hips or joint ventures		
☑ No				
🔲 Ye	s, Describe	Name of entity:	% of ownership:	
			%	\$
			%	\$
			%	\$
		Vote on all an area-limited		
43. Custo		ng lists, or other compilations		
		s include personally identifiable information (as define	d in 11 U.S.C. § 101(41A))?	
	□ No			
	Yes. Des			
				\$
44 Amerika	ualmaan ralatas	I property you did not already list		
44. Ally b		property you did not already list		
☐ Ye	s. Give specific			\$
inf	ormation			•
				J
				\$
				\$
				\$
				\$
45, Add tl	ne dollar value	of all of your entries from Part 5, including any entries	s for pages you have attached	\$ 800.00
for Pa	rt 5. Write that	number here	.	
Part 6:	Describe A	Any Farm- and Commercial Fishing-Related Pro	perty You Own or Have an Interest	n.
	If you own o	or have an interest in farmland, list it in Part 1.		
46. Do vo i	u own or have	any legal or equitable interest in any farm- or commer	cial fishing-related property?	
	, Go to Part 7.			
Ye	s, Go to line 47			
				Current value of the
				portion you own? Do not deduct secured claims
				or exemptions.
47. Farm :		II. Form well-and first		
-		poultry, farm-raised fish		
W No		g		
⊔ Ye	s			
				<u>\$</u>

Debtor 1	KEYLA First Name	MELENE	DEZ	Case number (if known)		
	Filaritatio					
•	-	ng or harvested				
	s, Give specific				\$	
49. Farm a 2 No		ipment, implements, machinery, fixtu	res, and tools of trade			
☐ Yes	s				\$	
50. Farm a	nd fishing sup	oplies, chemicals, and feed				
☑ No						
☐ Ye	s				\$	
-		ercial fishing-related property you did	l not already list			
☑ No ☐ Ye:	s. Give specific					
	ormation				\$	
		of all of your entries from Part 6, incl			\$	0.00
for Pai	rt 6. Write that	number here		······································		
Example ☑ No ☐ Yes	es: Season ticket				\$ \$ \$	
e 4 6 J J 41-				→	\$	0.00
54, Add th	e dollar value	of all of your entries from Part 7. Write	e tnat number nere	7	L	
Part 8:	List the T	otals of Each Part of this For	m			
55. Part 1:	Total real esta	ite, line 2		→	\$	0.00
56. Part 2:	Total vehicles	, line 5	\$4,500.00			
57. Part 3:	Total persona	l and household items, line 15	\$3,100.00			
58. Part 4:	Total financia	assets, line 36	\$5,169.00			
59. Part 5:	Total busines	s-related property, line 45	\$800.00			
60. Part 6:	Total farm- an	d fishing-related property, line 52	\$0.00			
61. Part 7:	Total other pro	operty not listed, line 54	+ \$0.00			
62.Total p	ersonal prope	rty. Add lines 56 through 61	\$	Copy personal property total	+ \$	
63. Total o	f all property c	on Schedule A/B. Add line 55 + line 62			\$	13,569.00

Fill in this in	nformat	ion to identify your case:				
Debtor 1	KEYL		LENDEZ			
	First Nam	e Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Nam	ne Middle Name	Last Name			
United States	Bankrup	tcy Court for the: District of New	Jersey	X		
Case number (If known)						☐ Check if this is an amended filing
Official I	Form	106C				
Sched	lule	C: The Prop	perty You	Claim	as Exempt	04/25
Using the prop space is need	erty yo ed, fill o	iccurate as possible. If two ma u listed on <i>Schedule A/B: Pro</i> ut and attach to this page as i number (if known).	perty (Official Form 106/	A/B) as your so	ource, list the property that	upplying correct information. you claim as exempt. If more of any additional pages, write
specific dollar of any applic retirement fu limits the exc	ir amou able sta nds—m emption	int as exempt. Alternatively, atutory limit. Some exemption hay be unlimited in dollar and to a particular dollar amou the applicable statutory amo	you may claim the full ons—such as those for nount. However, if you nt and the value of the	l fair market v r health aids, i claim an exer	alue of the property being rights to receive certain b nption of 100% of fair ma	rket value under a law that
Part 1:	dentify	y the Property You Clain	as Exempt			
✓ You	are clair are clair	emptions are you claiming? ning state and federal nonban ning federal exemptions. 11 U	kruptcy exemptions. 11 J.S.C. § 522(b)(2)	U.S.C. § 522(b)(3)	
		n of the property and line on nat lists this property	Current value of the portion you own	Amount of t	he exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only o	ne box for each exemption.	
Brief descripti	on:	2014 FORD EDGE	\$ <u>4,500.00</u>	2 \$ <u>4,500</u>		
Line fror Schedul		3			fair market value, up to licable statutory limit	
Brief descripti	on.	WORK EQUIPMENT	\$800.008	⊠ \$ 800.0	00	
Line from Schedul	n	40			fair market value, up to licable statutory limit	
Brief descripti	on:	TELEVISION PHONE	\$ <u>1,000.00</u>	⊿ \$ <u>1,000</u>		
Line fror Schedul		7			fair market value, up to licable statutory limit	
_		g a homestead exemption o			fter the date of adjustment.)
☑ No	.s aajaa	omen on the med and arrony o	, 		•	
Yes.	-	acquire the property covered	by the exemption within	1,215 days be	efore you filed this case?	
	No Yes					

MELENDEZ

Case number (if known)_____

Part 2:

Additional Page

Middle Name

		0	A	Consider level that allow avairable
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	HOUSEHOLD APPLI,	\$1,700.00	☑ \$1,700.00	
Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$ to some state of the	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:	MANAGEMENT AND ADMINISTRATION OF THE PARTY O	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	\$ \$ to 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory fimit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:	-	\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this i	nformation to identify your c	ase:				
T MI IST CINO		MELENDEZ				
Debtor 1	KEYLA First Name Midd	IVIELENDEZ Re Name Last Name	3			
Debtor 2 (Spouse, if filing	g) First Name Midd	le Name Last Name				
United States	Bankruptcy Court for the: District	of New Jersey				
Case number					☐ Check i	f thic ic an
(If known)		· · · · · · · · · · · · · · · · · · ·			amende	
Official	Form 106D					
Sched	dule D: Credito	rs Who Have	Claims Secure	ed by Prop	perty	12/15
information additional position additional position and the following section additional position addition	plete and accurate as possible. If more space is needed, contained and submit this fell in all of the information belowed.	opy the Additional Page, fi case number (if known). I by your property? orm to the court with your of	Il it out, number the entries, a	and attach it to this	form. On the top of	t any
Post 4	ist All Secured Claims					
Part 1: L	ist Ali Secured Claims			Column A	Column B	Column C
for each o	ecured claims. If a creditor has claim. If more than one credito as possible, list the claims in a	r has a particular claim, list t	he other creditors in Part 2.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1		Describe the property t	hat secures the claim:	\$	\$	\$
Creditor's N	ame					
Number	Street					
		As of the date you file,	the claim is: Check all that apply.			
		Unliquidated				
City	State ZIP Code	☐ Disputed				
Who owes	the debt? Check one.	Nature of lien, Check all	that apply.			
Debtor			de (such as mortgage or secured			
Debtor:	2 only 1 and Debtor 2 only	car loan) Statutory lien (such as	tax lien, mechanic's lien)			
	one of the debtors and another	Judgment lien from a l				
☐ Check	if this claim relates to a	Other (including a right	t to offset)			
	unity debt	1 4 4 .N. 14 #	L			
Date debt v	was incurred	Last 4 digits of account Describe the property t	ana pagan a adap ti propinsi ti tota ti ti angala tropinsi tropinsi in mangan bangangan tropinsi in masa amang Tangan pagan angan ti propinsi ti tota ti angan tangan tropinsi in mangan propinsi angan tropinsi a masa amang	<u> </u>	\$	\$
Creditor's N	ame	Describe the property to	ngt Secures tile Claim.	9	Ψ	Ψ
Number	Street	As of the date you file	the claim is: Check all that apply.	.l		
		Contingent	the dumines officer an interapply.			
		Unliquidated				
City	State ZIP Code	☐ Disputed				
Who owes	the debt? Check one.	Nature of lien. Check all	that apply.			
Debtor	•	An agreement you mad car loan)	de (such as mortgage or secured			
Debtor 2	2 only 1 and Debtor 2 only		tax lien, mechanic's lien)			
******	one of the debtors and another	Judgment lien from a l	awsuit			
☐ Check	if this claim relates to a	Other (including a right	t to offset)	-		
commi	ınity debt					
Data dabt.	use incurred	i set 4 digits of account	number			

Add the dollar value of your entries in Column A on this page. Write that number here:

KEYLA	MELENDEZ

First Name Last Name Case number (if known)_

Additional Page Part 1: After listing any entries on this page by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral,	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Deblor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
710.0	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Deblor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
D	Other (including a right to offset)			
☐ Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number	kan ng Palingapak, palingapak pilang pilang pilang palingapa na mangapak palingapa pangapan palingapa pangapa		و در
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name	<u> </u>			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			: : :
Date debt was incurred	Last 4 digits of account number			
	_		7	
Add the dollar value of your entries	s in Column A on this page. Write that number here:	\$		
If this is the last page of your form,	add the dollar value totals from all pages.	\$		

page

KEYLA

MELENDEZ

Case number (if known)

....

Middle Name

Last Name

art 2:	List	Others	to Be	Notified	for a	Debt	That	You	Already	Listed

	notified for any debts in Part 1, d			ist the additional creditors here. If you do not have additional persons to
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Number Street			
				_
	City	State	ZIP Code	On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Number Street			-
	Number Shoot			_
	City	State	ZIP Code	-
	annym ar			On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Number Street			-
				_
	City	State	ZIP Code	-
Ш				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Number Street			
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Ll	Name			Last 4 digits of account number
	Number Street			-
				-
	City	State	ZIP Code	_
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Number Street			_
	City	State	ZIP Code	-

	Fill in this information to identify your case:					
Г	Debtor 1 Keyla Melendez					
	First Name Middie Name Debtor 2	Last Name				
	Spouse, if filing) First Name Middle Name	Last Name				
1	United States Bankruptcy Court for the: Distr	rict of				
	Case number(If known)					ck if this is an nded filing
<u></u>	(i niowi)					
<u>C</u>	Official Form 106E/F					
S	chedule E/F: Creditors W	ho Have Unsecur	ed Claims	\$		12/15
Li: A/ cr ne an	e as complete and accurate as possible. Use Part st the other party to any executory contracts or u (B: Property (Official Form 106A/B) and on Schede editors with partially secured claims that are listeded, copy the Part you need, fill it out, number to additional pages, write your name and case number that are listed at the list All of Your PRIORITY Unsecured.	nexpired leases that could result in ule G: Executory Contracts and Une d in Schedule D: Creditors Who Ha he entries in the boxes on the left. mber (if known).	a claim. Also list e expired Leases (Offi ve Claims Secured	xecutory conficial Form 106 by Property. I	tracts on S G). Do not f more spa	ichedule include any ice is
		······				
٦.	Do any creditors have priority unsecured claims No. Go to Part 2.	s against you?				
	☐ Yes.					
2.	List all of your priority unsecured claims. If a creeach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of (For an explanation of each type of claim, see the in	a claim has both priority and nonpriori laims in alphabetical order according Part 1. If more than one creditor holds	ty amounts, list that o to the creditor's name a particular claim, lis	laim here and e. If you have r	show both nore than t	priority and wo priority
	troi an explanation of each type of claim, see the in	istructions for this form in the instructi	•	otal claim	Priority	Nonpriority
0.4	7				amount	amount
2,1	Priority Creditor's Name	Last 4 digits of account number	<u> </u>		3	\$
		When was the debt incurred?				
	Number Street	As of the date you file, the claim is:	Charle all that apply			
		Contingent	спеск ан так арру.			
	City State ZtP Code	☐ Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
	Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured cla	ina:			
	Debtor 1 and Debtor 2 only	Domestic support obligations	11111-			
	At least one of the debtors and another	Taxes and certain other debts you o	we the acverament			
	☐ Check if this claim is for a community debt	Claims for death or personal injury v				
	is the claim subject to offset?	intoxicated	nino you noto			
	□ No	Other. Specify				
	Yes			e were proportion to a transmission of the contract of the con		
2.2		Last 4 digits of account number	\$		5	\$
	Priority Creditor's Name	When was the debt incurred?				
	Number Street	As of the date you file, the claim is:	Check all that apply.			
		☐ Contingent				
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	Disputed				
	Debtor 1 only	Type of PRIORITY unsecured cla	m:			
	Debtor 2 only	☐ Domestic support obligations				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Taxes and certain other debts you o	we the government			
	At least one of the debtors and another Check if this claim is for a community debt	Claims for death or personal injury wintoxicated	=			
	is the claim subject to offset?	Other, Specify				
	☐ No ☐ Yes	, •				

(eyla Me	lendez		
Fire! Manage	Mildella Marona	Lost Momo	

Part 1:	Your PRIORITY	Unsecured	Claims -	- Continuation	Page
	1041 1 32101211 1	CHISCUMEG	Cianno	CONTINUATION	, ugu

er listing any entries on this page, number them	n beginning with 2.3, followed by 2.4, and so forth.	Total cla	lm Priority amount	Nonpriorit amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	□ Contingent□ Unliquidated□ Disputed			
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only At least one of the debtors and another	 Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were 			
☐ Check if this claim is for a community debt Is the claim subject to offset?	intoxicated Other. Specify			
□ No □ Yes				man kana ayan ayan kanan ka
Priority Creditor's Name	Last 4 digits of account number	\$	\$	**************************************
Number Street	When was the debt Incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed			
Who incurred the debt? Check one. Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
At least one of the debtors and another	 Taxes and certain other debts you owe the government Claims for death or personal injury while you were 			
☐ Check if this claim is for a community debt	intoxicated Other, Specify			
Is the claim subject to offset? No Yes		en eksze szekkennek kannag menye k		وراجة المساورة والمساورة و
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code Who Incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Domestic support obligations Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated Other. Specify		e gamentaria de para esta esta esta esta esta esta esta est	
Is the claim subject to offset? ☐ No ☐ Yes				

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uu	btor	- 1

Keyla Melei	ndez		
Plant Manna	Middle Blance	Last blanca	_

Case number (if known)

1	~

List All of Your NONPRIORITY Unsecured Claims

	Do any creditors have nonpriority und No. You have nothing to report in thi Yes		-			
	nonpriority unsecured claim, list the cred	litor separ litor holds	ately for each cl	cal order of the creditor who holds each claim. If a creditor has laim. For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3.If you have more than three no	list cl	aims already
					To	tal claim
.1	Navy Federal Union			Last 4 digits of account number	e	16,334.00
	Nonpriority Creditor's Name P.O Box 3700			When was the debt incurred?	Φ	72,22 (122
	Number Street Merrifield	VA	22119			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only			☐ Contingent☐ Unliquidated☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a community the claim subject to offset? ☐ No ☐ Yes	nity debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	ı	
.2	Freedom Road Financial	A reciber of new ord, names of resi		Last 4 digits of account number	\$	3,014.00
	Nonpriority Creditor's Name 10509 Proffesional Cir S Number Street			When was the debt incurred?		
	Reno	NV	89521	As of the date you file, the claim is: Check all that apply.		· ·
	Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed		
	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check If this claim is for a community debt			Type of NONPRIORITY unsecured claim:		
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☐ No ☐ Yes			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify		
.3	Geico Indemnity Co			Last 4 digits of account number	ф.	85.00
	Nonpriority Creditor's Name 725 Canton St			When was the debt incurred?	Đ	
	Number Street Norwood City	MA Slate	02062	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	Olak	Zii Godd	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes			Type of NONPRIORITY unsecured claim:		
				 Student loans Obligations arising out of a separation agreement or divorce 		
				that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		

Keyla Melendez
First Name Middle Name Last Name

Case number (if known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, n	umber the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.4	Geico Choice Co			Last 4 digits of account number	_{\$} 1,005.00
	Nonpriority Creditor's Name 725 Canton St			When was the debt incurred?	
	Number Street Norwood	MA	02062	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Confingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	ıF		Student loans	
	☐ Check if this claim is for a commils the claim subject to offset? ☐ No ☐ Yes			 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify 	
4.5	USAA Federal Savings	eggenny somy melle solge e e e e e e e e e e e e e e e e e e		Last 4 digits of account number	\$ <u>21,116.00</u>
	Nonpriority Creditor's Name P.O Box 47504			When was the debt incurred?	
	Number Street San Antonio	TX	78265	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Confingent	
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed	
	Debtor 1 only			·	
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	er		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a comm	unity debt		you did not report as priority claims	
	Is the claim subject to offset? ☐ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
4.6	THD/CBNA			Last 4 digits of account number	\$ 6,046.00
	Nonpriority Creditor's Name P.O Box 6497			When was the debt incurred?	
	Number Street Sioux Falls	SD	57117	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and anothe	r		Student loans	
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a commu	unity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes			Other, Specify	

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Middle Name

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Case number	(if known)
Case number	(if known)

Part 2:	List All	of Your	NONPRIORITY	Unsecured	Claims
ALC: A	m1-26 7411	VI I VWI	140141 111011111	CHISCOMICA	-territa

3.	Do any creditors have nonpriority unsecure No. You have nothing to report in this part. Yes	 -	~		
	nonpriority unsecured claim, list the creditor se	parately for each o	cal order of the creditor who holds each claim. If a creditor has claim. For each claim listed, identify what type of claim it is. Do not im, list the other creditors in Part 3.If you have more than three no	list clai	ms already
	_			Total	l clalm
4.1	CAPITOL1/KOHLS DEPT STORE		Last 4 digits of account number 9 3 0 5		629.00
	Nonpriority Creditor's Name		When was the debt incurred? 07/18/2018	\$	029.00
	PO BOX 31293 Number Street				
	SALT LAKE CITY UT	84131 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	.,	50.5	☑ Contingent		
	Who incurred the debt? Check one. Debtor 1 only		Unliquidated Disputed		
	Debtor 2 only		wa Disputed		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
	_		 Student loans Obligations arising out of a separation agreement or divorce 		
	☐ Check if this claim is for a community del	ot	that you did not report as priority claims		
	Is the claim subject to offset? ☑ No		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 		
	Yes		Content opening		
4.2	PENTAGON FEDERAL CREDIT	entres en en estres à utilité de figha de la fact de des actuals à la colonia de fundament de comm	Last 4 digits of account number 0 6 7 9	\$	3,325.00
	Nonpriority Creditor's Name		When was the debt incurred?		
	2930 EISNHOWER AVE				
	ALEXANDRIA VA	22314	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	₩ Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed		
	Debtor 1 only Debtor 2 only		a disputed		
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		Student loans		
	☐ Check if this claim is for a community deb	ot	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 		
	☐ Yes	Million (2014 - 1990) and an analysis of the South Control			
4.3	AMERICAN EXPRESS	yma a mediat et yt telefol a a amerik kamerik vanggarik og kenjar fra fra et	Last 4 digits of account number1 _0 _0 _4	***************************************	2,083.04
	Nonpriority Creditor's Name P.O. BOX 1270		When was the debt incurred?	\$	
	Number Street				
	NEWARK NJ City State	07101 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	·	Zir Code	☑ Contingent		
	Who incurred the debt? Check one. Debtor 1 only		Unliquidated		
	Debtor 2 only		☐ Disputed		
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another		☐ Student loans		
	☐ Check if this claim is for a community deb	t	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset? ☑ No		Debts to pension or profit-sharing plans, and other similar debts		
	☑ Yes		Other. Specify		

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KEYLA First Name

MELENDEZ

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Case	num	oer	(# known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

						
3.	Do any creditors have nonpriority und		-	-		
	Yes	o part, ot	JOHN CHO TOTAL	to the south Willi your other soneduces.		
4.	nonpriority unsecured claim, list the cred	itor sepa itor holds	rately for each	ical order of the creditor who holds each claim. If a creditor has claim. For each claim listed, identify what type of claim it is. Do not aim, list the other creditors in Part 3.If you have more than three nor	list clair	ns already
	-				Total	clalm
1.1	CAPITOL1/KOHLS DEPT STO	RE		Last 4 digits of account number 9 3 0 5	¢	629.00
	Nonpriority Creditor's Name PO BOX 31293			When was the debt incurred? 07/18/2018	Φ	
	Number Street	1 17	04404			
	SALT LAKE CITY City	State	84131 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community the claim subject to offset? ✓ No	ity debt		Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student toans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
		elemente de la comprese de la compr	ann a se a ann sa a an gar a se a a an a an se ann a an ann a		and the second	e da mesegas da estada a como son a como son se com
1.2	PENTAGON FEDERAL CRED Nonpriority Creditor's Name 2930 EISNHOWER AVE	T		Last 4 digits of account number 0 6 7 9 When was the debt incurred?	\$	3,325.00
	Number Street ALEXANDRIA	VA	22314	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans		
	Check if this claim is for a commun	ity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset? ☑ No ☑ Yes			Debts to pension or profit-sharing plans, and other similar debts Other, Specify		
.3	AMERICAN EXPRESS			Last 4 digits of account number 1 0 0 4		2,083.04
	Nonpriority Creditor's Name P.O. BOX 1270			When was the debt incurred?	\$	2,000.01
	Number Street NEWARK	NI I	07101	WARA-COLORS CO.		
		NJ State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only			✓ Contingent☑ Unliquidated☑ Disputed		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt			Type of NONPRIORITY unsecured claim:		
				 Student loans Obligations arising out of a separation agreement or divorce 		
	Is the claim subject to offset? ☑ No ☐ Yes			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify		

Debtor	1
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MELENDEZ

Case number (if known)___

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Aft	er listing any entries on this page, number the	m beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
	NAVY FEDERAL CREDIT UNION		Last 4 digits of account number 6 5 8 3	<u>\$ 14,481.00</u>
	Nonpriority Creditor's Name PO BOX 3700		When was the debt incurred? 10/01/2019	;
	Number Street MERRIFIELD VA	22119	As of the date you file, the claim is: Check all that apply.	
	City Slate Who incurred the debt? Check one.	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	☑ Yes			
	NAVY FEDERAL CREDIT UNION	t to the expression of the entire transfer the entire the entire transfer to the entire transfer to the entire transfer to the entire transfer to the entire transfer transfer to the entire transfer tra	Last 4 digits of account number 6 5 8 3	s 3,407.00
	Nonpriority Creditor's Name		When was the debt incurred? 06/01/2019	· · · · · · · · · · · · · · · · · · ·
	PO BOX 3700		When was the debt incurred? U6/01/2019	
	Number Street MERRIFIELD VA	22119	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		□ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	:
	Is the claim subject to offset? ☑ No ☐ Yes		Other. Specify	
	NAVV CEDEDAL ODEDIT HABON		Last 4 digits of account number 6 5 8 3	\$ <u>31,954.00</u>
	NAVY FEDERAL CREDIT UNION Nonpriority Creditor's Name			
	PO BOX 3700		When was the debt incurred? 06/01/2022	
	Number Street MERRIFIELD VA	22119	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☑ Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		·	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
	✓ No ☐ Yes		Other, Specify	

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	htor.	

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MELENDEZ

Case number (if known)_____

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, nu	mber the	em beginning with	h 4.4, followed by 4.5, and so forth.	Total cl
NAVY FEDERAL CREDIT UN	ION		Last 4 digits of account number 6 5 8 3	_{\$} 14,48
Nonpriority Creditor's Name PO BOX 3700			When was the debt incurred? 10/01/2019	•
Number Street MERRIFIELD	VA	22119	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a commu	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	
☑ No ☑ Yes				
NAVY FEDERAL CREDIT UN	ION		Last 4 digits of account number 6 5 8 3	<u>\$ 3,40</u>
Nonpriority Creditor's Name PO BOX 3700			When was the debt incurred? 06/01/2019	
łumber Street			As of the date you file the claim to Check all that each	
MERRIFIELD	VA State	22119 ZIP Code	As of the date you file, the claim is: Check all that apply.	
Dity	91816	ZIP CD06	Contingent Unliquidated	
Who incurred the debt? Check one.			Disputed	
Debtor 1 only Debtor 2 only			Type of MONDPIODITY upge sized elelen.	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a commu	nity debt		you did not report as priority claims	
s the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
☑ No			- Otto: Opeoliy	
Yes	***	may ahaa ahaa ahaa ahaa ahaa ahaa ahaa a		
NAVY FEDERAL CREDIT UN	ION		Last 4 digits of account number 6 5 8 3	_{\$} 31,95
Nonpriority Creditor's Name			When was the debt incurred? 06/01/2022	
PO BOX 3700 Number Street				
MERRIFIELD	VA	22119	As of the date you file, the claim is: Check all that apply.	
Dily	State	ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans	
	عطمام رزازه		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a commun	nty aept		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? ☑ No			Other, Specify	
☑ No ☑ Yes				

Debtor	4

Keyla Melendez	
-	

Part 2: List All of Your NONPRIORITY Unsecured Claims

	Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes								
	List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.								
					Total c	laim			
1	Pentagon Federal CR UN			Last 4 digits of account number		3,325.00			
	Nonpriority Creditor's Name			When was the debt incurred?	\$	0,020.00			
	2930 Eisenhower Ave			Atlett Mag the dept stenien.					
	Alexandria	VA	22314						
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.					
				Contingent					
	Who incurred the debt? Check one.			Unliquidated					
	Debtor 1 only Debtor 2 only			Disputed					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:					
	At least one of the debtors and another			☐ Student loans					
	Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce					
	Is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
	□ No			Other. Specify					
	Yes					;			
2	Navy Federal CR Union	e distriction comments and married and are	erie, e sen i preparativa e en erie per proportione de sen en e	Last 4 digits of account number	\$	3,407.00			
	Nonpriority Creditor's Name			When was the debt incurred?					
	P.O Box 3700								
	Number Street	١/٨	22119	As of the date you file, the claim is: Check all that apply.					
	Merrifield City	VA State	ZIP Code	☐ Contingent					
	Who incurred the debt? Check one.			Unliquidated					
	Debtor 1 only			☐ Disputed					
	Debtor 2 only			Toward NONDELODITY was a sweet aloims					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:					
	At least one of the debtors and another			 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce 					
	☐ Check if this claim is for a commu	nity debt		that you did not report as priority claims					
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts					
	□ No			Other. Specify					
		engeneum ningur institution de late	an aga na an ta Langura La ana a Lannach (1975) an 1987 a						
.3	Navy Federal Credit Union Nonpriority Creditor's Name			Last 4 digits of account number	\$	6,486.00			
	PO Box 3700			When was the debt incurred?					
	Number Street								
	Merrifield	VA	22119	As of the date you file, the claim is: Check all that apply.					
	City	State	ZIP Code	☐ Contingent					
	Who incurred the debt? Check one.			☐ Unliquidated					
	Debtor 1 only Debtor 2 only			☐ Disputed					
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:					
	At least one of the debtors and another			Student loans					
	Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce					
	is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	:				
	□ No			Other. Specify					
	☐ Yes								

Debtor	1

Keyla Melendez

Elist Name Mirida Name Last Name

Case number (# known)

	First Name	Middle Name	Last Name	-	7-1-1-1
Part 2:	List All of Y	our NONPRI	DRITY Unsecured Claims		

3,	Do any creditors have nonpriority unsecured ☐ No. You have nothing to report in this part. S ☐ Yes	-			
	nonpriority unsecured claim, list the creditor sepa	arately for each cla	al order of the creditor who holds each claim. If a creditor has him. For each claim listed, identify what type of claim it is. Do not h, list the other creditors in Part 3.If you have more than three no	list claims	s already
				Total c	laim
.1	SYNCB/PPC		Last 4 digits of account number	œ	2,746.00
	Nonpriority Creditor's Name P.O Box 530975		When was the debt incurred?	Ψ	
	Number Street Orlando FL	32896	waren		
	City State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.		☐ Contingent☐ Unliquidated		
	Debtor 1 only		☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		☐ Student loans		
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☐ No		Debts to pension or profit-sharing plans, and other similar debts		
	Yes		Other. Specify		
.2	American Express	e 2000, 100, 100, 100, 100, 100, 100, 100	Last 4 digits of account number 1 0 0 4	\$	2,083.04
	Nonpriority Creditor's Name		When was the debt incurred?		
	P.O Box 1270 Number Street		_		
	Newark NJ City State	07101 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	Zii Oodo	☐ Contingent☐ Unliquidated		
	☑ Debtor 1 only		☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		Student loans		
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☐ No		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 		
	Yes)
.3	American Express		Last 4 digits of account number 1 0 0 6	c	89.72
	Nonpriority Creditor's Name P.O Box 1270		When was the debt incurred?	Ψ	
	Number Street Newark NJ	07101			
	City Slate	ZIP Code	As of the date you file, the claim is: Check all that apply. —		
	Who incurred the debt? Check one.		☐ Contingent ☐ Unliquidated		
	Debtor 1 only Debtor 2 only		Disputed		
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		Student loans		
	Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☐ No		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify		
	Yes		- Ottor, opposity		

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Dе	btor	3

Keyla Melendez						
First Name	Middle Name	Last Name				

Case number (# known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Aft	er listing any entries on this page, nu	umber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
	Navy Federal CR Union			Last 4 digits of account number	_{\$_} 14,481.00
	Nonpriority Creditor's Name P.O Box 3700			When was the debt incurred?	
	Number Street Merrifield	VA	22119	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	Navy Federal Credit Union Nonpriority Creditor's Name			Last 4 digits of account number	<u>\$ 31,954.00</u>
	P.O Box 3700			When was the debt incurred?	
	Number Street Merrifield	VA	22119	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset? No Yes			Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	American Express			Last 4 digits of account number	\$_4,294.00
	Nonpriority Creditor's Name 9111 Duke Blvd	~		When was the debt incurred?	
	Number Street Mason	ОН	45040	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset? ☐ No ☐ Yes			Other. Specify	

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Last Name					

Part 3:

List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				-
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Mariliner	311661			Part 2: Creditors with Nonpriority Unsecured Clai
				Last 4 digits of account number
City		State	ZIP Code	
Mana				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
	e a comme promise a mange e a comprese de la compresa a compresa a compresa a compresa a compresa a compresa a	en del men de mande esta esta esta esta esta esta esta est		On which entry in Part 1 or Part 2 did you list the original creditor?
vame				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
nu.			ZIP Code	Last 4 digits of account number
City		State	ZIP Code	On which automic David as David O did as a first the automic and discon-
Vame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2; Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Vame				On which entry in Part 1 or Part 2 did you list the original creditor?
101110				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		·····	Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
	e pengampunan ng mpangga na aping a panaha na apingan a mi	Sidit	AIT COUR	On which entry in Part 1 or Part 2 did you list the original creditor?
vame				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		***************************************	Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
	transcripting may be an activities and activities and activities and activities and activities and activities a	Otate	ZIF 0008	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Sireel			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
				Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number

Debtor	•

KEYLA

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MELENDEZ

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here,
- 6e. Total. Add lines 6a through 6d.

- TOTAL CIAIL
- 6a. \$ 0.00
- 6b. \$ 0.00
- 6c. s 0.00
- 6d. +s 0.00
- 6e. s 0.00

Total claim

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims.
 Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 6f.
 - \$____0.00
- 6g.
- \$ 0.00
- 6h.
- 0.00
- 6i. 🕂 d
 - + <u>\$</u>
- 6j. s______

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De	btor	- 1

Keyla Melendez
First Name Middle Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3,	Do any creditors have nonpriority un No. You have nothing to report in th Yes				
4.	nonpriority unsecured claim, list the cree	ditor separa litor holds a	ately for each clai	order of the creditor who holds each claim. If a creditor has m. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three no	list claims already
	•				Total claim
. 1	American Express			Last 4 digits of account number 9 5 1 3	97,00
	Nonpriority Creditor's Name			<u> </u>	\$ 97.00
	P.O Box 297871			When was the debt incurred?	
	Number Street	- 1	33329		
	Fort Lauderdale	FL State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a commu			☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
	☐ No ☐ Yes			Other. Specify	
			and the second section of the sectio		
.2	AMEX			Last 4 digits of account number 6 2 2 3	\$ 2,083.00
	Nonpriority Creditor's Name PO Box 297871			When was the debt incurred?	
	Number Street Fort Lauderdale	FL	33329	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only			☐ Unliquidated ☐ Disputed	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another Check if this claim is for a commu			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset? ☐ No ☐ Yes			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
.3	I		an ang ang ang aming terletic and an analog and game grant and the st	agencing and a property of the state of the	
	USAA Federal Savings Bank Nonpriority Creditor's Name			Last 4 digits of account number	\$ 755.00
	PO Box 47504			When was the debt incurred?	
	Number Street San Antonio City	TX State	78265 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Contingent Unliquidated Disputed	
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a commu			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset? ☐ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts Other. Specify	;

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Keyla Melendez
First Name Middle Name

Case number	(if known)
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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, number the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
	Comenity Cap/ALPHCOS		Last 4 digits of account number	\$ 4,279.00
	Nonpriority Creditor's Name PO BOX 182120		When was the debt incurred?	
	Number Street Columbus OH	43218	As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	ZIP Gode	 □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify 	
	Capital One Nonpriority Creditor's Name		Last 4 digits of account number	\$ 4,901.00
	PO Box 31293		When was the debt incurred?	
	Salt Lake City UT	84131	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only		Disputed:	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset? ☐ No ☐ Yes		Other, Specify	
	CAP1/KOHLS Dept Store		Last 4 digits of account number	\$629.00
	Nonpriority Creditor's Name PO Box 31293		When was the debt incurred?	
	Number Street Salt Lake City UT	84131	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
:	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	☐ Yes			

		· · · · · · · · · · · · · · · · · · ·						
Fill	in this in	itormation t	o identify your	case:				
Deb	tor	KEYLA		·	ELENDEZ			
Dah	tor 2	First Name	Mi	ddie Name	Last Name			
	use If filing)	First Name	Mi	idle Name	Last Name			
Unit	ed States	Bankruptcy Co	urt for the; Distric	t of New Jersey		X		
Cas	e number							
{≀f k	nown)							Check if this is an amended filing
								amonada ming
Off	icial C	orm 10)6C					
					_			
Sc	hedi	ule G:	Execut	ory Cont	racts an	d Ur	nexpired Leases	12/15
infor addit 1.	mation. I ional pag Do you h	f more spac ges, write you nave any exe theck this bo	e is needed, co our name and c ocutory contrac x and file this for	py the additional ase number (if ki ts or unexpired h m with the court w	page, fill it out, nown). eases? with your other so	number	r, both are equally responsible for sup the entries, and attach it to this page. You have nothing else to report on this for on Schedule A/B: Property (Official For	On the top of any
2. I	List sepa	rately each , rent, vehic	person or com	pany with whom	you have the co	ntract or	lease. Then state what each contract instruction booklet for more examples of	or lease is for (for
	Person o	r company	with whom you	have the contract	ct or lease		State what the contract or lease is	for
2.1								
1	N							
:	Name							
:	Number	Street						
1	~							
L.,	City		State	ZIP Code				
2.2								
:	Name							
:	Number	Street						
	City		State	ZIP Code				
2.3								
:	Name							
	Number	Street						
	City		State	ZIP Code				
2.4	City			Zir Odde				
ii.,	Name							
; }	Name							
	Number	Street						
	City		State	ZIP Code		···		
2.5	∪ay		Jiait	OOG	,.,			
1. 1	Name							
	ranie							
	Number	Street						
	City		State	ZIP Code				

Debtor 1

KEYLA First Name MELENDEZ

NDEZ

Case number (if known)

Additional Page if You Have More Contracts or Leases

Lasi Name

Person or company with whom you have the contract or lease

Middle Name

What the contract or lease is for

	, 0,00,,							
2 <u>2</u>								
	Name							
	Number	Street			 			
	City		State	ZIP Code	 **********			
2					 	 	 	
	Name							
	Number	Street			 			
			Ctalo	7ID Code	 			
	City		State	ZIP Code	 	 	 	
2								
	Name							
	Number	Street						
	City		State	ZIP Code	 			
2					 	 	 	
	Name							
	Number	Street			 			
				710.0-1-				
	City		State	ZIP Code	 	 	 	
2								
	Name							
	Number	Street						
	City		State	ZIP Code	 			
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	Name				 			
	Number	Street			 			
			State	ZIP Code	 			
	City			21F COGE	 	 	 	
2	A1				 			
	Name							
	Number	Street						
	City		State	ZIP Code				
2			and great and the second second second		 	 	 	
	Name				 			
	Number	Street						
	City		State	ZIP Code				

	n this information to identify			
Debto	I/EVI A	MELEI	NDEZ	
Debto	First Name	Middle Name	Last Name	
Spou	se, if filing) First Name		Last Name	
Jnite	d States Bankruptcy Court for the:	District of New Jersey		
Case (If kno	number			☐ Check if this is ar
	,			amended filing
)ffi	cial Form 106H			
	hedule H: You	r Codebtors		12/15
e fili nd ni ase r	ing together, both are equall umber the entries in the box number (if known). Answer e	y responsible for supplying es on the left. Attach the Advery question.	g correct information. If dditional Page to this pa	as complete and accurate as possible. If two married peopl more space is needed, copy the Additional Page, fill it out, age. On the top of any Additional Pages, write your name an
	o you have any codebtors?	(If you are filing a joint case,	do not list either spouse a	as a codebtor.)
C	Yes			
2, V	Vithin the last 8 years, have y crizona, California, Idaho, Loui	you lived in a community posiana, Nevada, New Mexico,	roperty state or territory Puerto Rico, Texas, Was	r? (Community property states and territories include shington, and Wisconsin.)
	No. Go to line 3.			
C	Yes. Did your spouse, form	er spouse, or legal equivalen	t live with you at the time	?
	□ No			
	☐ Yes. In which communit	ty state or territory did you live	e?	. Fill in the name and current address of that person.
				_
	Name of your spouse, former	spouse, or legal equivalent		-
	Name of your spouse, former to Number Street	spouse, or legal equivalent		-
	Number Street	spouse, or legal equivalent State	ZiP Code	- -
s S	Number Street City Column 1, list all of your co	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I	our spouse as a codebto s a guarantor or cosign	or if your spouse is filing with you. List the person er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D,
s S	Number Street City Column 1, list all of your co hown in line 2 again as a co schedule D (Official Form 106	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I	our spouse as a codebto s a guarantor or cosign	ег. Make sure you have listed the creditor on
s S	Number Street City Column 1, list all of your control of the con	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I	our spouse as a codebto s a guarantor or cosign	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use <i>Schedule D</i> ,
s S	Number Street City Column 1, list all of your control of the con	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I	our spouse as a codebto s a guarantor or cosign	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply:
s S S	Number Street City Column 1, list all of your control of the con	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I	our spouse as a codebto s a guarantor or cosign	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt
s S S	Number Street City Column 1, list all of your control of the con	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I	our spouse as a codebto s a guarantor or cosign	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply:
s S S	Number Street City Column 1, list all of your control of the con	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I	our spouse as a codebto s a guarantor or cosign	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line
s s s	City Column 1, list all of your continuous and a continu	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I to fill out Column 2.	our spouse as a codebto s a guarantor or cosign Form 106E/F), or <i>Sched</i>	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line
s S S	City Column 1, list all of your continuous and a continu	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I to fill out Column 2.	our spouse as a codebto s a guarantor or cosign Form 106E/F), or <i>Sched</i>	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line
s s s	City Column 1, list all of your control of the con	State odebtors. Do not include yo debtor only if that person is 6D), <i>Schedule E/F</i> (Official I to fill out Column 2.	our spouse as a codebto s a guarantor or cosign Form 106E/F), or <i>Sched</i>	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line

State

ZIP Code

☐ Schedule D, line _____

Schedule E/F, line _____

Name

Number

Street

Debtor 1

KEYLA	
First Name	

MELENDEZ

Lest Name

LENDEZ	
--------	--

Case number (if known)	
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Additional	Daga	40	Liet	Mara	Codebtore
Additional	rage	ΙO	LIST	more	Codeptors

Middle Name

	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt	
					Check all schedules that apply:	
3					Schedule D, line	
	Name				Schedule E/F, line	
	N (011			Schedule G, line	
	Number	Street				
	City		State	ZIP Code	_	
3					Schedule D, line	
	Name				Schedule E/F, line	
	Number	Street			☐ Schedule G, line	
<u> </u>	City		State	ZIP Code		
3					Schedule D, line	
	Name				Schedule E/F, line	
	Ni serban	Street			Schedule G, line	
	Number	Stieet				
	City		State	ZIP Code	_	
2				•		
3	Name				Schedule D, line	
! !	Maile				☐ Schedule E/F, line	
!	Number	Street			Schedule G, line	
; ; ;						
· 	City		State	ZIP Code		
3					Schedule D, line	
! !	Name				Schedule E/F, line	
:					Schedule G, line	
	Number	Street				
	City		State	ZIP Code	_	
3	•					
	Name				Schedule D, line	
					Schedule E/F, line	
:	Number	Street			─ Schedule G, line	
:	Čit.		Plata	ZIP Code	_	
	City		State	ZIT Code		
3	Name				Schedule D, line	
:	Healig				☐ Schedule E/F, line	
· ·	Number	Street			Schedule G, line	
:						
3	City		State	ZIP Code		
ا_نح					Schedule D, line	
:	Name				☐ Schedule E/F, line	
	Number	Stroot			Schedule G, line	
	Number	Street			Accordance and the second seco	
	City		State	ZIP Code		

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Eill i	n this infor	mation to identify	OIL Case.			

Debte		YLA st Name	MELEN Middle Name	IDEZ ast Name		
Debte						
	se, if filing) Firs			Last Name		
Unite	d States Banl	kruptcy Court for the: D	istrict of New Jersey	<u> </u>		
	number					
(If kn	own)					theck if this is ar mended filing
					a	mended ming
Offi	cial Fo	rm 106H				
Scl	hedul	e H: Your	Codebtors			12/15
are fill	ing togethe umber the (er, both are equally	responsible for supplying s on the left. Attach the Ac	correct information. If m	s complete and accurate as possible. If two ore space is needed, copy the Additional e. On the top of any Additional Pages, wr	l Page, fill it out,
1. D	o you have	any codebtors? (I	f you are filing a joint case, o	lo not list either spouse as	a codebtor.)	
-	⊿ No					
	Yes					
			ou lived in a community pr ana, Nevada, New Mexico,		(Community property states and territories i	nclude
1			ana, Nevada, New Nexico,	Pueno Rico, Texas, Washi	ngton, and wisconsm.)	
1	☐ No. Go to		r spouse, or legal equivalent	live with you at the time?		
	□ No	your spouse, forme	appados, or logar oquitation.	The trial you at the time.		
		In which community	state or territory did you live	9? [Fill in the name and current address of that	person.
				•		
	Nama	of your spouse, former sp	outo or logal opulyalant	***************************************		
•	ivame	or your spouse, rormer sp	ouse, or legal equivalent			
	Numb	er Street				
:	City		State	ZIP Code		
: s	hown in lin Schedule D	ne 2 again as a cod (Official Form 106	ebtor only if that person is	a guarantor or cosigner.	f your spouse is filing with you. List the p Make sure you have listed the creditor o e G (Official Form 106G). Use Schedule D	n
	Column 1: \	Your codebtor			Column 2: The creditor to whom you	u owe the debt
1					Check all schedules that apply:	
3.1						
	Name				Schedule D, line	
i	Months	Street			Schedule E/F, line	
:	Number	Sireei			Schedule G, line	
	City		State	ZIP Code		
3.2					Schedule D, line	
	Name				Schedule E/F, line	
:	Number	Street			Schedule G, line	
İ						
	City		State	ZIP Code		
3.3					Schedule D, line	
	Name				Schedule E/F, line	
	Number	Street			Schedule G, line	

State

ZIP Code

City

Debtor 1

KEYLA

MELENDEZ

Case number (if known)_

Lasi Name

Additional Page to List More Codebtors

	Column 1: Y	our codebtor			Column 2: The creditor to whom you owe the debt
2					Check all schedules that apply:
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			─ Schedule G, line
	Trainio o				
	City		State	ZIP Code	
3					D october D for
	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	G#		Photo	ZIP Code	<u> </u>
	City		State	ZIP Code	
3					Schedule D, line
	Name				☐ Schedule E/F, line
1	Number	Street			─ Schedule G, line
	City		State	ZIP Code	
3					
	Name				Schedule D, line
:					☐ Schedule E/F, line
:	Number	Street			Schedule G, line
1					
	City		State	ZIP Code	
3					Schedule D, line
1	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	Number	Onder			 -
	City		State	ZIP Code	
3					
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
1					
	City		State	ZIP Code	<u> </u>
3					
	Name				Schedule D, line
:					☐ Schedule E/F, line
	Number	Street			Schedule G, line
				710 0	
l	City		State	ZIP Code	

οf

Fill in this information to identify	your case:					
Debtor 1 KEYLA	MELE	NDEZ				
First Name Debtor 2	Middle Name	Lasl Name				
(Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	District of New Jersey	<u>*</u>		Obsale if th	sim im.	
Case number (If known)				Check if the	ns is: ended filing	
		* 4000-000-000-000-000-000-000-000-000-00		🗖 A supp	e as of the following c	
Official Form 106I				·	D/ YYYY	ate.
Schedule I: You	ir Income					12/15
Be as complete and accurate as posupplying correct information. If you are separated and your spouseparate sheet to this form. On the Part 1: Describe Employment	ou are married and not fi ise is not filing with you, top of any additional pa	ling jointly, and yo do not include inf	ur spouse formation a	is living with y bout your spo	ou, include informatio use. If more space is n	n about your spouse reeded, attach a
Fill in your employment information.		Debtor 1		\$\$\$\$\$\delta\	Debtor 2 or non-f	ling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employ	ed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.	Occupation	RECEPTION	IST			
Occupation may include student or homemaker, if it applies.	Occupation					
	Employer's name	PREMIER CO	OLLISION	CENTER		
	Employer's address	74 NORTH A Number Street	VENUE		Number Street	
		GARDWOOL				
	How long employed the	City	State Z	IP Code	City	State ZIP Code
	Tiow long employed the					
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse he below. If you need more space, a	ave more than one employ	er, combine the info				
, ,,-	·		F	or Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sal deductions). If not paid monthly,			2. \$_	1,500.00	\$	
3. Estimate and list monthly over	rtime pay.		3. +\$_		+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$_	1,500.00	\$	

Debtor	1

☑ No.

Yes. Explain:

ebtor 1 KEYLA MELENDEZ First Name Middle Name Last Name		Case number (if known)						
		Foi	r Debtor 1		For Debtor 2 or non-filing spous	e		
Copy line 4 here	4 .	\$_	1,500.00		\$			
List all payroll deductions:								
5a. Tax, Medicare, and Social Security deductions	5a.	\$	183.00		\$	_		
5b. Mandatory contributions for retirement plans	5b.	\$			\$			
5c. Voluntary contributions for retirement plans	5c,	\$			\$			
5d. Required repayments of retirement fund loans	5d.	\$			\$			
5e. Insurance	5e.	\$_			\$			
5f. Domestic support obligations	5f.	\$			\$			
5g. Union dues	5g.	\$			\$			
5h. Other deductions. Specify:	5h.	+ \$			+ \$			
5. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	s	183.00		œ.	_		
6. Add the payroll deductions. Add lines ba + 50 + 50 + 50 + 50 + 50 + 50 + 50.	0.	Φ	100.00		Φ	—		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,317.00		\$	_		
List all other income regularly received:								
8a. Net income from rental property and from operating a business, profession, or farm								
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,300.00		\$	solice to their		
8b. Interest and dividends	8b.	\$_			\$	_		
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt							
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_			\$	_		
8d. Unemployment compensation	8d.	\$			\$	_		
8e. Social Security	8e.	\$			\$			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ice 8f.	\$_			\$			
		_						
8g. Pension or retirement income	8g.	\$ <u>_</u>			b			
8h. Other monthly income. Specify:	8h.	+\$		ı	+\$		1	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	2,300.00		\$			
O. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$_	3,617.00	+	\$	_	=	\$ 3,617.0
1. State all other regular contributions to the expenses that you list in Sched	tule .	I.						
Include contributions from an unmarried partner, members of your household, y friends or relatives.	our o	lepend	ents, your roo	mn	nates, and other			
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	e to pay expe	nse	s listed in Schedule	J.		
Specify:						11.	+	\$
Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S						12.		\$3,617.0
13. Do you expect an increase or decrease within the year after you file this f								Combined monthly income

Fill in this information to identi	fy your case:				
Debtor 1 KEYLA		ENDEZ			
First Name Debtor 2	Middle Name	Last Name	····-		
(Spouse, if filing) First Name United States Bankruptcy Court for the	Middle Name	Last Name			
	e; District of New Jersey	<u></u>		Check if the	nie ie:
Case number (If known)					ended filing
	Joshan			🔲 A supp	olement showing postpetition chapter 1 e as of the following date:
Official Form 106I	<u> </u>			MM / D	D / YYYY
Schedule I: Yo	ur Income				12/15
If you are separated and your sp separate sheet to this form. On t	ouse is not filing with you he top of any additional pa	. do not include inf	ormation	about your spor	ou, include information about your spou use. If more space is needed, attach a nown). Answer every question.
 Fill in your employment information. 		Debtor 1		na ang karang Debtor 2 or non-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status		ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	RECEPTION	IST		
Occupation may include studer or homemaker, if it applies.	nt •	PREMIER C	או וופור	N CENTER	
	Employer's name	I IVENUE IV O	OLLIOIC	OLITER	
	Employer's address	74 NORTH A Number Street	VENUE		Number Street
		GARDWOOL		027	
		City	State	ZIP Code	City State ZIP Code
	How long employed th	ere?			
Part 2: Give Details Abo	ut Monthly Income				
Estimate monthly income as	of the date you file this for	rm. If you have noth	ing to rep	ort for any line, w	rite \$0 in the space. Include your non-filing
spouse unless you are separat If you or your non-filing spouse below. If you need more space	have more than one employ	yer, combine the info this form.	ormation f	or all employers fo	or that person on the lines
, , , , , , , , , , , , , , , , , , ,			pogravyou	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, s	alary, and commissions (before all payroll	_		
deductions). If not paid month	ly, calculate what the month	ly wage would be.	2.	_{\$1,500.00}	\$
deductions). If not paid month 3. Estimate and list monthly or	ly, calculate what the month	ly wage would be.	2. 3. +	1,500.00	\$ + \$

Debtor	-
136000	

KEYLA

MELENDEZ

Са

Case number (if known)

			Fo	r Debtor 1	For Debtor 2 or non-filing spouse		
	Copy line 4 here	→ 4.	\$_	1,500.00	\$		
	List all payroll deductions:						
J	5a. Tax, Medicare, and Social Security deductions	5a.	\$	183,00	\$		
		ъа. 5b.	Φ \$	100,00	- \$ _ \$		
	5b. Mandatory contributions for retirement plans	5c.	⊸ \$		\$ \$		
	5c. Voluntary contributions for retirement plans		ֆ Տ				
	5d. Required repayments of retirement fund loans	5d.	φ_		_ \$		
	5e. Insurance	5e.	ф_		_ •		
	5f. Domestic support obligations	5f.	ф		_ \$		
	5g. Union dues	5g.	\$		_ \$		
	5h. Other deductions. Specify:	5h.	+\$		+ \$		
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$_	183.00	\$		
7,	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,317.00	\$		
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm						
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,300.00	. \$		
	8b. Interest and dividends	8b.	\$_		\$		
	8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		\$		
	8d. Unemployment compensation	8d.	\$_		<u> </u>		
	8e. Social Security	8e.	\$	***************************************	\$		
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce 8f.	\$		\$		
	Specify:		*-		. *		
	8g. Pension or retirement income	8g.	\$_		. \$		
	8h. Other monthly income. Specify:	8h.	+ \$		+\$		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	2,300.00	\$	F	
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	3,617.00	+ \$=	= \$_	3,617.00
	State all other regular contributions to the expenses that you list in Schedinclude contributions from an unmarried partner, members of your household, y friends or relatives.	your d	lepend				
	Do not include any amounts already included in lines 2-10 or amounts that are in						
	Specify:				11. 1	* \$	
	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S.					\$	3,617.00
		c	,				mbined Inthly income
13	B. Do you expect an increase or decrease within the year after you file this form of the control						

Fill in this information to identify				
Debtor 1 KEYLA First Name	MELENDEZ Middie Name Last Name	Check if	this is:	
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	į.	mended filing	
United States Bankruptcy Court for the:	District of New Jersey		oplement showing po nses as of the followi	
Case number			DD / YYYY	
(If known)		14114: 1		
Official Form 106J	_			
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as p information. If more space is need (if known). Answer every question	ossible. If two married people are fili led, attach another sheet to this form n.	ng together, both are equally n. On the top of any additions	y responsible for supp al pages, write your na	lying correct me and case number
Part 1: Describe Your Ho	usehold			
1. Is this a joint case?				
No. Go to line 2. Yes, Does Debtor 2 live in a	separate household?			
☐ No☐ Yes. Debtor 2 must fi	ile Official Form 106J-2, Expenses for S	Separate Household of Debtor	2.	
Do you have dependents? Do not list Debtor 1 and	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.	each dependent	. **SON	19	No No
Do not state the dependents' names.				☑ Yes
				U No □ Yes
				□ No
				Yes
				☐ No ☐ Yes
				☐ Yes ☐ No
				Yes
3. Do your expenses include	☑ No			
expenses of people other than yourself and your dependents?	(T) V			
	oing Monthly Expenses		Jament in a Chapter 1	2 anno to ronort
expenses as of a date after the ba applicable date.	r bankruptcy filing date unless you ankruptcy is filed. If this is a supplem	ental Schedule J, check the	box at the top of the fo	orm and fill in the
Include expenses paid for with no	on-cash government assistance if you		V	
	ed it on Schedule I: Your Income (Off		Your ex	penses variaterina anti-recommenta a control control anti-
 The rental or home ownership any rent for the ground or lot. 	expenses for your residence. Include	e first mortgage payments and	4. \$	1,500.00
If not included in line 4:				
4a. Real estate taxes			4a. \$	
4b. Property, homeowner's, or			-	
4c. Home maintenance, repair			4c. \$	
4d. Homeowner's association of	or condominium dues		4d. \$	

Debtor	1
Denio	•

KEYLA First Name

MELENDEZ

Case number (if known)_

Last Name

			Your expenses
_		5 .	\$
5.	Additional mortgage payments for your residence, such as home equity loans	3.	
6.	Utilities:		000.00
	6a. Electricity, heat, natural gas	6a.	\$ 290.00
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 260.00
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$500.00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$350.00
10.	Personal care products and services	10.	\$80,00
11.	Medical and dental expenses	11.	\$
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$180.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b, Health insurance	15b.	\$
	15c, Vehicle insurance	15c.	\$ 360.00
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other, Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you. Specify: MEDICAL AND PRESCRIPTION	19.	\$\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

Debtor	1	

K	E,	Y	l	_	ŀ	١

Case number (if known)

11

rst Name Middle Name

Last Name

21.	Other. Specify:	21,	+\$
:	Calculate your monthly expenses. 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	22a. 22b. 22c.	\$4,070.00 \$0.00 \$4,070.00
23	Salculate your monthly net income. 3a. Copy line 12 (your combined monthly income) from Schedule I. 3b. Copy your monthly expenses from line 22c above.	23a. 23b.	\$3,617.00 -\$4,070.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: TRYING TO GET MORE CLIENTS FORM MY NAIL BUSINESS AND HOPEFULLY I WILL GET MEDICAL INSURANCE THAT COVER MY MEDICATION AND THE MEDICATION FOR MY SON WHICH IS DISABLE.

Fill	200	information to identify yo		ELENDEZ		-	Check one box or Form 122A-1Supp	ily as directed in this fo	orm and in
Deb	tor i	First Name	Middle Name	Last Name	DAIRED	HOTOK	⊒u1cThere is no p	resumption of abuse.	
3041769	use, if filing	Bankruptcy Court for the: Dis	Middle Name	Last Name	BANKR FI KEW	() 1 (v) 1	2. The calculation	on to determine if a presi s will be made under <i>Cha</i> Calculation (Official Form	apter 7
	e number nown)		6876	26.	25 JUN :	BO P		est does not apply now l ary service but it could a	
				ВУ		U I	Check if this is	s an amended filing	
Off	icial	Form 122A-1							
Ch	ant	er 7 Stateme	ent of Your	Currer	ot Mo	nthis	Income		12/19
space addit do no Abus	e is nee ional pa ot have	ete and accurate as poss ded, attach a separate sh iges, write your name an primarily consumer debt r § 707(b)(2) (Official Forn Calculate Your Curre	heet to this form. Incluid case number (if kno is or because of qualif im 122A-1Supp) with th	ude the line n own). If you be fying military his form.	umber to elieve that	which the	additional inform	ation applies. On the to presumption of abuse I	op of any because you
1	Whati	s your marital and filing s	status? Chock one only						
1.	V/70002	t married. Fill out Column		y.					
		rried and your spouse is		it both Column	ns A and B	lines 2-1	1.		
	□ ма	rried and your spouse is	NOT filing with you.	You and your	spouse a	re:			
		Living in the same hou			van a province		mns A and B. lines	2-11.	
		Living separately or are under penalty of perjury spouse are living apart for	that you and your spou or reasons that do not in	se are legally nclude evadin	separated g the Mear	under nor ns Test re	nbankruptcy law tha quirements. 11 U.S	at applies or that you and .C. § 707(b)(7)(B).	ı declare I your
	bankru August Fill in t	the average monthly inco uptcy case. 11 U.S.C. § 10 31. If the amount of your include are the result. Do not include are from that property in one	01(10A). For example, i monthly income varied on ny income amount more	if you are filing during the 6 m e than once. F	on Septer nonths, add or example	mber 15, t I the incor e, if both s	he 6-month period ne for all 6 months pouses own the sa	would be March 1 throug and divide the total by 6	•
							Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	(before	ross wages, salary, tips, all payroll deductions).					\$ <u>1,500.0</u> 0	\$	
	Colum	ny and maintenance payn n B is filled in.					\$	\$	
4.	of you from ar and roo	ounts from any source woor your dependents, including an armarried partner, member mates. Include regular of Do not include payments.	luding child support. I bers of your household, contributions from a spo	Include regula your depende	r contributi ents, paren	ons ts,	\$	\$	
5.	or farn	come from operating a but neceipts (before all deduction	7 T	Debtor 1 \$500.00	Debtor 2				
		y and necessary operating		- \$200.00-	:80 0	•			
		nthly income from a busine	■ National Description (Property and)			Copy here	\$ 2,300.00	\$	
6.	Net inc	ome from rental and oth	er real property	Debtor 1	Debtor 2	nere 😙	φ_ 2,000.00	Ψ	
		eceipts (before all deduction		\$	\$				
		y and necessary operating		- \$ ·	- ֆ	Сору_	•	œ.	
		nthly income from rental or	•	\$	\$	here →	\$	\$	
7.	Interes	t, dividends, and royaltie	S				\$	\$	

Debtor	1	

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First	Na	me	

Middle Name

MELENDEZ

Last Name

Case number	(if known)	

Section a value deconstruction and section is			Column Debtor 1		Column B Debtor 2 or non-filing spouse	
8.	Unemployment compensation		\$	0.00	\$	
Walliant V VIII - VIII	Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:					
TOTAL CHANGE	For you					
THE STREET	For your spouse	*				
9.	Pension or retirement income. Do not include any a benefit under the Social Security Act. Also, except as not include any compensation, pension, pay, annuity, United States Government in connection with a disability, or death of a member of the uniformed servi pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which yo retired under any provision of title 10 other than chapter	stated in the next sentence, do or allowance paid by the lity, combat-related injury or ces. If you received any retired pay only to the extent that it would otherwise be entitled if	\$	0.00	\$	
10	Income from all other sources not listed above. Sp Do not include any benefits received under the Social as a victim of a war crime, a crime against humanity, of terrorism; or compensation, pension, pay, annuity, or a States Government in connection with a disability, condeath of a member of the uniformed services. If necesseparate page and put the total below.	Security Act; payments received or international or domestic allowance paid by the United abat-related injury or disability, or				
			\$		\$	
			\$		\$	
	Total amounts from separate pages, if any.	-	+ \$		+ \$	
11	Calculate your total current monthly income. Add li column. Then add the total for Column A to the total for	ines 2 through 10 for each or Column B.	\$_3,8	3 00.00	\$	Total current monthly income
P	nrt 2: Determine Whether the Means Test A	pplies to You				-
12	Calculate your current monthly income for the year	r. Follow these steps:				
	12a. Copy your total current monthly income from line			Сор	y line 11 here 🖜	\$ 3,800.00
	Multiply by 12 (the number of months in a year).				1*	x 12
	12b. The result is your annual income for this part of	the form.			12b.	\$ <u>45,600.0</u> 0
13	Calculate the median family income that applies to	you. Follow these steps:				
F71.117 (ABB 1994)	Fill in the state in which you live.	NEW JERSEY				
	Fill in the number of people in your household.	2				
	The first the number of people in your nouseriole.				Г	300 707 00
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go instructions for this form. This list may also be available	online using the link specified in			13.	\$ <u>290,707.0</u> 0
14	How do the lines compare?					
N.Y. BERNING N.Y. V. PURINA MANAGEMENT PROPERTY AND STATEMENT AND STATEM	14a. Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Fo		ere is no pr	esumption	of abuse.	
	14b. Line 12b is more than line 13. On the top of p Go to Part 3 and fill out Form 122A–2.	age 1, check box 2, <i>The presump</i>	tion of abus	se is deterr	nined by Form 122A	i-2.

Dehtor	1	

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Case number (if known)

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Sign Below

Middle Name

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

Last Name

Signature of Debtor 2

Date 06/03/2025 MM / DD / YYYY

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Pail State Pai	Debtor 1 KEYLA	MELENDEZ		
Check if this is a amended filing Check if this is a amended f	First Name Middle Name	Last Name		
Check if this is a amended filing	Spouse, if filing) First Name Middle Name			
fficial Form 107 tatement of Financial Affairs for Individuals Filing for Bankruptcy as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct ormation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case mber (if known). Answer every question. act 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married Not married		ey		
### Street Prom				Check if this is ar
as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct prinction. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case in the filing together, both are equally responsible for supplying correct prinction. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case in the filing together, both are equally responsible for supplying correct prinction. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case in the filing together. If we have a supplying correct prinction is not provided and the filing together. If we have a supplying correct prinction is not provided and the filing together. If we have a supplying correct prinction is not provided and the filing together. It was a supplying correct prinction included, and the filing together are equally responsible for supplying correct prinction. If more supplying correct prinction is not provided, and the filing together, both are equally responsible for supplying correct prinction in the form. In the filing together, both are equally responsible for supplying correct prinction. If more supplying correct prinction is not provided, and the filing together and the supplying correct provided and the filing together. In the form, if the filing together are equally provided and the filing together. If the form, if the filing together are equally provided and the filing together. In the filing together are equally provided and the filing together and the filing together. In the filing together are equally provided and the filing together and the filing together. In the filing together and the filing together and the filing together and the filing together. In the filing together are equally provided the filing the filing the filing the filing the filing the filing the filing the filing the fili			······	arrended ming
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### Give Details About Your Marital Status and Where You Lived Before What is your current marital status?	as complete and accurate as possible. If two marr	ied people are filing	g together, both are equally responsible fo	r supplying correct
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Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).	Yes. List all of the places you lived in the last 3 y Debtor 1: Number Street City State ZIP Code City State ZIP Code Within the last 8 years, did you ever live with a s	pouse or legal equi	e where you live now. Debtor 2: Same as Debtor 1 Number Street City State ZIP Co	Ilved there Same as Debtor From To Ge Same as Debtor From To Code Code
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Debtor 1	
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Case number	(if known)	
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4.	Did you have any income from employment or from operating a business during this year or the two previous calendar years?
	Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
	\cdot

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

□ No

Yes. Fill in the details.

1 too. I in the detaile.				
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year: (January 1 to December 31,2024	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$13,003.00	Wages, commissions, bonuses, tipsOperating a business	\$
For the calendar year before that: (January 1 to December 31, 2023	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$19,063.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☑ No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$ \$		- \$ - \$ - \$
For last calendar year: (January 1 to December 31,2024 YYYY		\$ \$ \$		_ \$ _ \$ _ \$
For the calendar year before that: (January 1 to December 31,2023 YYYYY		\$ \$ \$		\$ \$ \$

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Debtor	Œ

KEYLA	

Case number	(if known)		
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Parf 3:

List Certain Payments You Made Before You Filed for Bankruptcy

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575° or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$8,575° or more in one or more payments and the total amount you paid finat creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an altorney for this bankruptcy case. * Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor, Do not include payments for attempts of the bankruptcy case. **Dates of payment** Dates of payment** **Dates of payment** **Dates of payment** Dates of payment** Total amount paid Amount you still owe Was this payment for care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Loan repayment Care Credit card Care Credit	ПΝ	o. Nei	ther Debtor 1 nor	r Debtor 2 i	has primarily by for a person	consumer de	e bts. Consumer debts ar nousehold purpose."	e defined in 11 U.S.C. § 10	1(8) as
✓ Yes. List below each creditor to whom you paid a total of \$8,575° or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankrupto; case. * Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment. ☐ Yes. Debtor 1 or Debtor 2 or both have primarity consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ☑ No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. ☐ Dates of payment ☐ Dates of payment ☐ Car ☐ Creditor's Name ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ City State ZIP Code ☐ Order ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Car ☐ Credit card ☐ Loan repayment			· · · · · · · · · · · · · · · · · · ·					\$8,575* or more?	
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During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? Ves. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Dates of payment Total amount paid Amount you still owe payment for Creditor's Name Creditor's Name Sitest Number Street Number Street Sitest Creditor's Name Sitest Creditor's Name Sitest Creditor's Name Sitest Creditor's Name Creditor's Name Sitest Creditor's Name Creditor's Name Creditor's Name Sitest Creditor's Name Credit card Conditor's Name Credit card Condition's Name Credit card Condition's Name Credit card Condition's Name Credit card Condition's Name Suppliers or vendors Suppliers or vendors Credit card Condition's Name		os Dal	ntor 1 or Debtor 2	or both h	ave primarily	consumer de	bts.		
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Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for				•	·				
creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Date of payment									
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Creditor's Name Car Credit card Loan repayment Suppliers or vendors Creditor's Name Car Mortgage Credit card Car Car Car Car Car Car Credit card Loan repayment Suppliers or vendors Car Credit card Loan repayment Suppliers or vendors Car Credit card Cother Car Credit card Car Car Credit card Car							Total amount paid	Amount you still owe	Was this payment for
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City State ZIP Code \$\$\$			Named Greek						Loan repayment
S S Mortgage Creditor's Name Car Credit card Loan repayment Suppliers or vendors City State ZIP Code S S Mortgage Car Credit card Loan repayment Car Creditor's Name Car Credit card Car Credit card Car Credit card Car Credit card Can repayment Suppliers or vendors Suppliers or vendors Suppliers or vendors Car Credit card Can repayment Can repaym									☐ Suppliers or vendors
S S Mortgage Creditor's Name Car Credit card Loan repayment Suppliers or vendors Other			City	State	ZIP Code				Other
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Number Street Credit card Loan repayment Suppliers or vendors Other			Creditor's Name				-		• •
City State ZIP Code Suppliers or vendors Creditor's Name Creditor's Name Credit card Loan repayment Car Credit card Loan repayment Suppliers or vendors Suppliers or vendors									
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City State ZIP Code \$ \$ Mortgage Creditor's Name Number Street Loan repayment Suppliers or vendors									
Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors			City	State	ZIP Code				
Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors									
Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors							\$	<u> </u>	☐ Mortgage
Number Street Loan repayment Suppliers or vendors			Creditor's Name						
☐ Loan repayment ☐ Suppliers or vendors									Credit card
Suppliers or vendors			Number Street						Loan repayment
									Suppliers or vendors
City State ZIP Code									

Debtor	1	

KEYLA			MELENDEZ
First Name	Middle Name	Last Name	

Case number (#	known)	

) (iders include your relatives; any general partners; reporations of which you are an officer, director, persent, including one for a business you operate as a selection as a selection and all mony.	on in control, o	owner of 20% or	more of their voting	securities; and any managing
<u>1</u>	No Yes. List all payments to an insider.				
_	Yes. List all payments to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
			\$	\$	
	Insider's Name		·	-	
	Number Street				: :
	City State ZIP Code	**************************************			
	Only State 211 South		\$	\$	
	Insider's Name		Φ		
	Number Street				
	City State ZIP Code				
	hin 1 year before you filed for bankruptcy, did y	ou make any p	ayments or trans	fer any property o	n account of a debt that ben
no	hin 1 year before you filed for bankruptcy, did y insider? lude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.		ayments or trans Total amount paid	fer any property o Amount you still owe	n account of a debt that ben Reason for this payment Include creditor's name
no	insider? lude payments on debts guaranteed or cosigned by No	an insider. Dates of	Total amount	Amount you still	Reason for this payment
nc	insider? lude payments on debts guaranteed or cosigned by No Yes, List all payments that benefited an insider.	an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
an no	insider? Iude payments on debts guaranteed or cosigned by No Yes, List all payments that benefited an insider. Insider's Name	an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
no	insider? lude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider. Insider's Name Number Street	an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
no	insider? lude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider. Insider's Name Number Street	an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
an	insider? lude payments on debts guaranteed or cosigned by No Yes, List all payments that benefited an insider. Insider's Name Number Street City State ZIP Code	an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
an no	insider? Itude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider. Insider's Name Number Street City State ZIP Code	an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment

Debtor	4
	- 1

(EYLA		MEL	EN	DE

Part 4:	Identify	/ Legai	Actions,	Rep	ossessions,	and	Foreclosures

ontract disputes.						
l						
s. Fill in the details.						
	Nature	of the case	Court or agen	СУ		Status of the case
						Pending
ase litte			Court Name			On appeal
						Concluded
			Number Street			Concluded
ase number			Cily	State	ZiP Code	
			Olly .	Oldio	2., 5545	
						Pending
ase title			Court Name			On appeal
			***************************************			Concluded
			Number Street			Concluded
ase number			City	State	ZIP Code	.
			Ony	Oldic	211 3030	
 Go to line 11. Fill in the information below. 					D-4-	Malay of the manage
		Describe the proper	ty		Date	Value of the propert
		Describe the propert	ty		Date	
		Describe the propert	ty		Date	Value of the property
s. Fill in the information below. Creditor's Name	•	_			Date	
s. Fill in the information below.		 Explain what happer	ned		Date	
s. Fill in the information below. Creditor's Name		Explain what happer Property was r	ned repossessed.		Date	
s. Fill in the information below. Creditor's Name		Explain what happer Property was r	ned epossessed. oreclosed.		Date	
S. Fill in the information below. Creditor's Name Number Street		Explain what happer Property was f Property was f	ned epossessed. foreclosed. garnished.	vied.	Date	
s. Fill in the information below. Creditor's Name		Explain what happer Property was r Property was f Property was g	ned epossessed. oreclosed. garnished. attached, seized, or le	vied,	,	\$
S. Fill in the information below. Creditor's Name Number Street		Explain what happer Property was f Property was f	ned epossessed. oreclosed. garnished. attached, seized, or le	vied.	Date	\$
S. Fill in the information below. Creditor's Name Number Street		Explain what happer Property was r Property was f Property was g	ned epossessed. oreclosed. garnished. attached, seized, or le	vied,	,	\$Value of the proper
S. Fill in the information below. Creditor's Name Number Street		Explain what happer Property was r Property was f Property was g	ned epossessed. oreclosed. garnished. attached, seized, or le	vied.	,	\$
S. Fill in the information below. Creditor's Name Number Street		Explain what happer Property was r Property was f Property was g	ned epossessed. oreclosed. garnished. attached, seized, or le	vied,	,	Value of the proper
S. Fill in the information below. Creditor's Name Number Street		Explain what happer Property was r Property was g Property was g Property was a	ned repossessed. oreclosed. garnished. attached, seized, or le	víed.	,	\$Value of the proper
S. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happer Property was r Property was f Property was g	ned repossessed. oreclosed. garnished. attached, seized, or le	vied,	,	\$Value of the proper
S. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happer Property was r Property was g Property was a Property was a Describe the propert	ned epossessed. oreclosed. garnished. attached, seized, or le ty	vied.	,	\$Value of the proper
S. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happer Property was r Property was g Property was g Property was a Describe the propert	ned repossessed. repossessed. repossessed. repossessed. repossessed. reclosed.	vied,	,	\$Value of the proper
S. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happer Property was r Property was g Property was g Property was a	ned repossessed. oreclosed. garnished. attached, seized, or le	vied.	,	\$Value of the prope

otor 1	KEYLA		MELENDEZ	Case number (if known)	
	First Name	Middle Name Last N	lame		
NATIAL	in 00 days befo	are you filed for bankrur	stav did any proditor includin	ng a bank or financial institution, se	ot off any amounts from you
		to make a payment bec		ig a pair of infational filetitution, se	.com any amounts non you
U ,	Yes. Fill in the de	etails.			
			Describe the action the credito		e action Amount : taken
č	Creditor's Name				
Ī	Number Street				\$
-	City	State ZIP Code	Last 4 digits of account numb	ner: XXXX	
•	J. I.	2,4,4	Edgt 4 digits of account flumo		
		re you filed for bankrup	cy, did you give any gifts with	າ a total value of more than \$600 po	er person?
		etails for each gift.			
_		- J			
	Gifts with a total per person	value of more than \$600	Describe the gifts		es you gave Value gifts
Ē	Person to Whom You	Gave the Gift			<u> </u>
-					\$
ī	Number Street				
õ	City	State ZiP Code			
F	^p erson's relationsh	ip to you			
	Gifts with a total v per person	alue of more than \$600	Describe the gifts		es you gave Value gifts

page 6

per person

Number Street

Person to Whom You Gave the Gift

State ZIP Code

Person's relationship to you _____

No			
Yes. Fill in the details for each gift or co	ontribution.		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charily's Name	_		\$
			\$
	_		*
Number Street			
City State ZIP Code	_		
6: List Certain Losses			
1 No			
isaster, or gambling? No Yes. Fill in the details, Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance	Date of your	Value of property lost
No Yes. Fill in the details. Describe the property you lost and	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		
No Yes. Fill in the details. Describe the property you lost and	Include the amount that insurance has paid. List pending insurance		
No Yes. Fill in the details. Describe the property you lost and	Include the amount that insurance has paid. List pending insurance		lost
No Yes. Fill in the details. Describe the property you lost and how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		lost
No Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tra	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	lost
No Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tra	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers ptcy, did you or anyone else acting on your behalf pay or tran	loss	lost
No Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tradition 1 year before you filed for bankruptou consulted about seeking bankruptou	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers ptcy, did you or anyone else acting on your behalf pay or tran	loss	lost
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Yes. Fill in the details. Describe the property you lost and how the loss occurred T: List Certain Payments or Tradition 1 year before you filed for bankruptcy clude any attorneys, bankruptcy petition property in the loss occurred.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers Ptcy, did you or anyone else acting on your behalf pay or trany or preparing a bankruptcy petition?	loss	lost
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Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tradithin 1 year before you filed for bankrupto consulted about seeking bankruptoclude any attorneys, bankruptcy petition property in the payments of the pay	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers ptcy, did you or anyone else acting on your behalf pay or transport preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your preparers.	nsfer any property	\$to anyone
Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tra fithin 1 year before you filed for bankrup ou consulted about seeking bankruptcy clude any attorneys, bankruptcy petition property of the payments. No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers ptcy, did you or anyone else acting on your behalf pay or transport preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your preparers.	ioss Isfer any property our bankruptcy. Date payment or transfer was	\$to anyone
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Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tra fithin 1 year before you filed for bankrup ou consulted about seeking bankruptcy clude any attorneys, bankruptcy petition property of the payments. No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Insfers ptcy, did you or anyone else acting on your behalf pay or transport preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in your preparers.	ioss Isfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of paymen

Case number (if known)

Debtor 1

Debtor 1	
----------	--

				transfer was made	payment
Who Was Paid		· · · · · · · · · · · · · · · · · · ·			
			:		\$
Street					\$
S	State ZIP Code				
website address		_			
Who Made the Payme	ent, if Not You		:		
	,		o transferrad	Date navment or	Amount of pay
		Description and value of any property	y transferred	transfer was made	Amount or pay
Who Was Paid					
Street	1.1	-			ა
		-			\$
5	State ZIP Code	-			
n outright transfe ude gifts and trar	ers and transfers	made as security (such as the granting eve already listed on this statement. Description and value of property	Describe any property	or payments received	
Who Received Transf	er	<u></u>	in in the second of the second		
Street					
S	State ZIP Code				
's relationship to yo	ou				·
Who Received Transf	ar				
Street					
	Street Who Made the Payment to help you deaude any payment in the details. Who Was Paid The Street Street Who Received Transfer in the details.	State ZIP Code State ZIP Code Who Made the Payment, if Not You ear before you filed for bankrup to help you deal with your credi ude any payment or transfer that y If in the details. Who Was Paid State ZIP Code ears before you filed for bankru d in the ordinary course of your h outright transfers and transfers ude gifts and transfers that you ha If in the details. Who Received Transfer	State ZIP Code State ZIP Code Who Made the Payment, if Not You ear before you filed for bankruptcy, did you or anyone else acting or to help you deal with your creditors or to make payments to your crude any payment or transfer that you listed on line 16. If in the details. Description and value of any property Who Was Paid To Street State ZIP Code ears before you filed for bankruptcy, did you sell, trade, or otherwise of in the ordinary course of your business or financial affairs? In outright transfers and transfers made as security (such as the granting and gifts and transfers that you have already listed on this statement. It in the details. Description and value of property transferred Who Received Transfer	State ZIP Code State ZIP Code Who Made the Payment, if Not You par before you filed for bankruptcy, did you or anyone else acting on your behalf pay or trans to help you deal with your creditors or to make payments to your creditors? ude any payment or transfer that you listed on line 16. If in the details. Description and value of any property transferred Who Was Paid To Street State ZIP Code State Street Street Description and value of the granting of a security interest or made gifts and transfers that you have already listed on this statement. If in the details. Description and value of property transferred Describe any property transferred Street Street	State ZIP Code website address Who Made the Payment, if Not You sar before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to to help you deal with your creditors or to make payments to your creditors? ude any payment or transfer that you listed on line 16. If in the details. Description and value of any property transferred State ZIP Code State ZIP Code Date payment or transfer was made who Was Paid The ordinary course of your business or financial affairs? If in the ordinary course of your business or financial affairs? Description and value of property transfer any property to anyone, other that in the ordinary course of your business or financial affairs? Description and value of property Describe any property or payments received or debts paid in exchange Who Received Transfer Street State ZIP Code

Case number (if known)_

Debtor 1

K	E	Y	L	A

Case number	(if known)
	, , , , , , , , , , , , , , , , , , , ,

19. Within 10 are a ben	years before you filed for bar eficiary? (These are often calle	nkruptcy, did you transfer any proper ed asset-protection devices.)	ty to a self-settled trus	st or similar device of w	vhich you
☑ No					
🔲 Yes, F	fill in the details.				
		Description and value of the prope	erty transferred		Date transfer was made
Name	of trust				
					:
Part 8: Lis		unts, Instruments, Safe Deposit			
	year before you filed for bank old, moved, or transferred?	ruptcy, were any financial accounts o	or instruments held in	your name, or for your	benefit,
		ket, or other financial accounts; cert	ificates of deposit; sh	ares in banks, credit un	ions,
		peratives, associations, and other fi			
No					
Yes. F	ill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name	of Financial Institution		Checking		÷
		XXXX	Savings		3
Numb	er Street		_		
			Money market		
City	State ZIP Code	0	☐ Brokerage		
City	State Zir Cour	•	☐ Other		
		XXXX-	☐ Checking		¢
Name	of Financial Institution		Savings		Ψ
			☐ Money market		
Numb	er Street		Brokerage		
www			Other		
City	State ZIP Code	B	□ Other		
	ow have, or did you have with s, cash, or other valuables?	ain 1 year before you filed for bankru	otcy, any safe deposit	box or other depositor	y for
	Fill in the details.				
_ ,,,,,,		Who else had access to it?	Describe th	ne contents	Do you still have it?
					☐ No
Name	of Financial Institution	Name			☐ Yes
		••••	:		
Numb	er Street	Number Street			
		City State ZIP Code			
City	State ZIP Code)			

Debtor	1

KEYLA	
Elect Manager	

Case number	(if knovin)_		

Yes. Fill in the details.			
	Who else has or had access to it?	Describe the contents	Do you s have it?
			□ No
Name of Storage Facility	Name		Yes
Number Street	Number Street		
- Longitudo	City State ZIP Code		
City State ZIP Cod	3		
rt 9: Identify Property You Ho	ld or Control for Someone Else		
		roperty you borrowed from, are storing	for,
or hold in trust for someone.	ar compone the time and any p	, -, -, -, -, -, -, -, -, -, -, -, -, -,	,
☑ No			
Yes. Fill in the details.	Where is the property?	Describe the property	Value
	wilese is the property:	pescribe the property	Value
Owner's Name			\$
	Number Street	.	
Number Street			
City State ZIP Cod		Code	
	9	Code	
art 10: Give Details About Envir	onmental Information	Code	
Give Details About Envir	onmental Information		ases of
or the purpose of Part 10, the following of Environmental law means any federal,	onmental Information definitions apply: state, or local statute or regulation co	ncerning pollution, contamination, relea	ases of ium,
or the purpose of Part 10, the following of Environmental law means any federal, hazardous or toxic substances, waster including statutes or regulations contributions.	permental Information definitions apply: state, or local statute or regulation co s, or material into the air, land, soil, su olling the cleanup of these substance	ncerning pollution, contamination, relea	ium,
or the purpose of Part 10, the following of Environmental law means any federal, hazardous or toxic substances, waster including statutes or regulations controlled in Site means any location, facility, or produtilize it or used to own, operate, or ut Hazardous material means anything an	definitions apply: state, or local statute or regulation cos, or material into the air, land, soil, su olling the cleanup of these substance operty as defined under any environmental law defines as a hazal	ncerning pollution, contamination, relea rface water, groundwater, or other med s, wastes, or material. ental law, whether you now own, operat	ium, e, or
or the purpose of Part 10, the following of Environmental law means any federal, hazardous or toxic substances, waster including statutes or regulations controlling statutes or regulations controlling it or used to own, operate, or ut Hazardous material means anything an substance, hazardous material, polluta	conmental Information definitions apply: state, or local statute or regulation co s, or material into the air, land, soil, su colling the cleanup of these substance operty as defined under any environme lize it, including disposal sites. In environmental law defines as a hazal ant, contaminant, or similar term.	ncerning pollution, contamination, relea rface water, groundwater, or other med s, wastes, or material. ental law, whether you now own, operat rdous waste, hazardous substance, toxi	ium, e, or
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Case number	(if known)				
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No					
Yes. Fill in the details.					
			Governmental unit	Environmental law, if you know it	Date of notice
Name of site		· · · · · · · · · · · · · · · · · · ·	Governmental unit	_	
Number Street			Number Street	_	
Constitution			City State ZIP Code	_	
City S	State	ZIP Code			
e you been a party in a	any ju	dicial or ad	lministrative proceeding under a	ny environmental law? Include settlem	ents and orders.
No					
Yes. Fill in the details.	•		Court or agency	Nature of the case	Status of the
Case title	·····		Court Name		☐ Pending
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tor 1				MELENDEZ		Case number (if known)
	First Name	Middle Name	Last N	ame		
						Employer Identification number
				Describe the natur	e of the business	Do not include Social Security number or ITIN
ī	Business Name					
						EIN:
,	Number Street			Name of accountage	nt or bookkeeper	Dates business existed
						:
						. = ~
;	City	State	ZIP Code			From To
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Fill in this information to identify your case:	
Debtor 1 KEYLA MELENDEZ	
First Name Middle Name Last Name Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: District of New Jersey	
Case number (If known)	☐ Check if this is an amended filing
Official Form 122A—1Supp	
Statement of Exemption from Presumptio	n of Abuse Under § 707(b)(2) 12/19
File this supplement together with Chapter 7 Statement of Your Current Monthly exempted from a presumption of abuse. Be as complete and accurate as possibl exclusions in this statement applies to only one of you, the other person should required by 11 U.S.C. § 707(b)(2)(C).	e. If two married people are filing together, and any of the
Part 1: Identify the Kind of Debts You Have	
 Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S personal, family, or household purpose." Make sure that your answer is consistent w Individuals Filing for Bankruptcy (Official Form 101). 	.C. § 101(8) as "incurred by an individual primarily for a ith the answer you gave at line 16 of the Voluntary Petition for
No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is submit this supplement with the signed Form 122A-1.	no presumption of abuse, and sign Part 3. Then
☑ Yes. Go to Part 2.	
Part 2: Determine Whether Military Service Provisions Apply to You	
2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?	
☑ No. Go to line 3.	
Yes. Did you incur debts mostly while you were on active duty or while you were 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	performing a homeland defense activity?
☐ No. Go to line 3.	
Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, Then submit this supplement with the signed Form 122A-1.	There is no presumption of abuse, and sign Part 3.
3. Are you or have you been a Reservist or member of the National Guard?	
No. Complete Form 122A-1. Do not submit this supplement.	* 2.40 H O. C. (404/2)/43; 22 B C. C. (5004/4)
Yes. Were you called to active duty or did you perform a homeland defense active	ny? 10 U.S.C. § 101(a)(1); 32 U.S.C. § 901(1).
No. Complete Form 122A-1. Do not submit this supplement.	
Yes. Check any one of the following categories that applies:	
I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1,
☐ I was called to active duty after September 11, 2001, for at least	check box 3, <i>The Means Test does not apply now,</i> and sign Part 3. Then submit this supplement with the signed
90 days and was released from active duty on which is fewer than 540 days before I file this bankruptcy case.	Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The
☐ I am performing a homeland defense activity for at least 90 days.	exclusion period means the time you are on active duty or are performing a homeland defense activity, and for
☐ I performed a homeland defense activity for at least 90 days,	540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).
ending on, which is fewer than 540 days before I file this bankruptcy case.	If your exclusion period ends before your case is closed, you may have to file an amended form later.

Debtor 1 KEYLA MELENDEZ First Name Middle Name Last Name Debtor 2 (Spouse, if filling) First Name Middle Name Last Name United States Bankruptcy Court for the: District of New Jersey
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name
(Spouse, if filing) First Name Middle Name Last Name
(Ceptude, Mining) The Management of the Ceptude of
United States Bankruptcy Court for the: District of New Jersey
Case number

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

an

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule Ca
Creditor's NONE	☐ Surrender the property.	☐ No
ijanie.	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
socuring dobs.	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
sociality dob.	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
socuring door.	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	

Det	

EYL	Α		MELENDEZ
	A 82 1 12	41.	1 11

Part 2:

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

	pperty leases	Will the lease be assumed
essor's name:		☐ No
Description of leased property:		☐ Yes
essor's name:		☐ No
Description of leased property:		☐ Yes
.essor's name:		□ No
Description of leased roperty:		☐ Yes
essor's name:		☐ No
Description of leased roperty:		☐ Yes
essor's name:		□ No
Description of leased roperty:		☐ Yes
essor's name:		□ No
Description of leased roperty:		☐ Yes
essor's name:		□ No
Description of leased roperty:		☐ Yes
roperty.		

MM / DD / YYYY

MM / DD / YYYY

		lines 40 or 42:	cas directed in
Debtor 1 Keyla Melendez First Name Middle Name	Last Name	According to the calculation	ons required by
Debtor 2		this Statement:	
(Spouse, if filing) First Name Middle Name	Last Name	1. There is no presum	
United States Bankruptcy Court for the: District of New Jersey		2. There is a presump	tion of abuse.
Case number (If known)		☐ Check if this is an a	mended filing
Official Form 122A–2			
hapter 7 Means Test Calc	ulation		04/25
o fill out this form, you will need your completed copy		our Current Monthly Income (Official Forn	n 122A-1).
needed, attach a separate sheet to this form. Include ages, write your name and case number (if known). art 1: Determine Your Adjusted Income	the me number to which the	auditoliar intormation applies. On the to	p or any additiona
At 1. Determine roal Adjusted moone			
Copy your total current monthly income	Copy II	ne 11 from Official Form 122A-1 here	\$ 3,800.0
Did you fill out Column B in Part 1 of Form 122A-1?			
No. Fill in \$0 for the total on line 3.			
☐ Yes. Is your spouse filing with you?			
Yes. Is your spouse filing with you? No. Go to line 3.			
_			
☐ No. Go to line 3.☐ Yes. Fill in \$0 for the total on line 3.		come not used to pay for the	
☐ No. Go to line 3. ☐ Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting	illow these steps: It of the income you reported fo		
No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting household expenses of you or your dependents. Fo	illow these steps: It of the income you reported fo		
□ No. Go to line 3. □ Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting household expenses of you or your dependents. Fo On line 11, Column B of Form 122A–1, was any amoun regularly used for the household expenses of you or you	illow these steps: It of the income you reported fo		
 No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting household expenses of you or your dependents. Fo On line 11, Column B of Form 122A-1, was any amoun regularly used for the household expenses of you or you No. Fill in 0 for the total on line 3. 	illow these steps: It of the income you reported four dependents? Fill in the ax debt or to support		
 No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting household expenses of you or your dependents. Fo On line 11, Column B of Form 122A-1, was any amoun regularly used for the household expenses of you or you No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's te 	illow these steps: It of the income you reported four dependents? Fill in the ax debt or to support	r your spouse NOT amount you acting from	
 No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting household expenses of you or your dependents. Fo On line 11, Column B of Form 122A-1, was any amoun regularly used for the household expenses of you or you No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's te 	illow these steps: It of the income you reported four dependents? Fill in the are subtryour spo	r your spouse NOT amount you acting from	
 No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting household expenses of you or your dependents. Fo On line 11, Column B of Form 122A-1, was any amoun regularly used for the household expenses of you or you No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's to people other than you or your dependents 	it of the income you reported four dependents? Fill in the are subtraction your spo \$	r your spouse NOT amount you acting from	
 No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting household expenses of you or your dependents. Fo On line 11, Column B of Form 122A-1, was any amoun regularly used for the household expenses of you or you No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's to people other than you or your dependents 	it of the income you reported four dependents? Fill in the are subtryour spo \$	r your spouse NOT amount you acting from	\$

De	h	Inr	1

Keyla Melendez

Case number (#known)_____

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 400.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

§ 84.00

7b. Number of people who are under 65

x 2

7c. Subtotal. Multiply line 7a by line 7b.

\$ 168,168.00 Copy here → \$ 168,168.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person

\$

Number of people who are 65 or older

x ____

7f. Subtotal. Multiply line 7d by line 7e.

_____Copy here 🛨 🔔 🔭

7g. Total. Add lines 7c and 7f.....

\$<u>168.00</u>

Copy total here → \$ 168.00

Debtor 1	Keyla Melendez			Case number (# known)
	First Name	Middle Name	Last Name	

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities – Insurance and operating expenses ■ Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the 2,681.00 dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment Repeat this Сору amount on Total average monthly payment here line 33a. 9c. Net mortgage or rent expense. Copy 0.00 0.00 Subtract line 9b (total average monthly payment) from line 9a (mortgage or here 🗦 rent expense). If this amount is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 0.00

Debtor	1	

Keyla Melendez
First Name Middle Name

-	_	_	_	_	_	_	 _	_
Ē	-	of	N	a	m	9		

Last Name

Case number (if known)_

Vehi							
13a.	Ownership or leasing costs using IRS Local Stand			_			
13b,	Average monthly payment for all debts secured by Do not include costs for leased vehicles.	y Vehicle 1.					
	To calculate the average monthly payment here a amounts that are contractually due to each secure after you filed for bankruptcy. Then divide by 60.		nths				
	Name of each creditor for Vehicle 1	Average monthly payment					
		\$					
		+ \$			Repeat this		
	Total average monthly payment	\$	Copy here	- \$	amount on line 33b,		
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this amount is lea	ss than \$0, enter \$0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 0.00	Copy net Vehicle 1 expense	f	0.0
				BACKSON BOCKOW OF LONDERS CLASSING WAS ENGLARMENT WARRANT THROUGH THE	here 🖈	Ψ	
Vehi	Cie 2 Describe Vehicle 2: Ownership or leasing costs using IRS Local Stand	Jard		\$			
13d.		dard					
13d.	Ownership or leasing costs using IRS Local Stand	dard					
13d.	Ownership or leasing costs using IRS Local Stand Average monthly payment for all debts secured by Do not include costs for leased vehicles.	Jardy Vehicle 2. Average monthly					
13d.	Ownership or leasing costs using IRS Local Stand Average monthly payment for all debts secured by Do not include costs for leased vehicles.	Jardy Vehicle 2. Average monthly					
13d.	Ownership or leasing costs using IRS Local Stand Average monthly payment for all debts secured by Do not include costs for leased vehicles.	Jardy Vehicle 2. Average monthly			Repeat this amount on line 33c.		
13d. 13e.	Ownership or leasing costs using IRS Local Stand Average monthly payment for all debts secured by Do not include costs for leased vehicles. Name of each creditor for Vehicle 2	tardy Vehicle 2. Average monthly payment \$ + \$ \$	Copy here →		amount on	\$	0.0

Debtor	1	

Keyla Melendez

First Name

Middle Name

Case number (if known)

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

0.00

Do not include real estate, sales, or use taxes.

17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

0.00

18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than term.

0.00

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

0.00

20. Education: The total monthly amount that you pay for education that is either required:

Last Name

as a condition for your job, or

■ for your physically or mentally challenged dependent child if no public education is available for similar services.

0.00

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.

\$ 0.00

22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.

\$ 550.00

23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

+ <u>\$_200.0</u>0

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

24. Add all of the expenses allowed under the IRS expense allowances.

Add lines 6 through 23,

\$<u>1,331.0</u>0

Debtor 1

Keyla Melendez

	,		~~-
First	Name	M	iddie Na

Last Name

Case number (if known)_____

Additional Expense Deductions		al deductions allowed by the M e any expense allowances liste			
25. Health insurance, disability insurance, disability insurance, a dependents.			The monthly expenses for health essary for yourself, your spouse, or your		
Health insurance		\$			
Disability insurance		\$			
Health savings account	+	\$			
Total	Control Accessed	\$ 0.00	Copy total here →	\$	0.00
Do you actually spend this total a	amount?				
☐ No. How much do you actual☐ Yes	ly spend?	\$			
26. Continuing contributions to the continue to pay for the reasonable household or member of your improperties to an account of a question.	e and necessary care a mediate family who is a	and support of an elderly, chround unable to pay for such expens	onically ill, or disabled member of your	\$	0.00
27. Protection against family viole you and your family under the Fa By law, the court must keep the n	mily Violence Preventi	ion and Services Act or other f	hat you incur to maintain the safety of ederal laws that apply.	\$	0.00
If you believe that you have home 8, then fill in the excess amount of	e energy costs that are of home energy costs. documentation of your	e more than the home energy of	ance and operating expenses on line 8. costs included in expenses on line ast show that the additional amount	\$	0.00
per child) that you pay for your de elementary or secondary school. You must give your case trustee reasonable and necessary and ne	pendent children who documentation of your ot already accounted for	are younger than 18 years old actual expenses, and you mu or in lines 6-23.	thly expenses (not more than \$214.58* d to attend a private or public st explain why the amount claimed is or after the date of adjustment.	\$	0.00
than the combined food and cloth food and clothing allowances in the	ing allowances in the l ne IRS National Standa num additional allowar available at the bankru	IRS National Standards, That ards, nce, go online using the link spuptcy clerk's office.	food and clothing expenses are higher amount cannot be more than 5% of the pecified in the separate instructions for	\$	0.00
31. Continuing charitable contributionstruments to a religious or chari			ate in the form of cash or financial	+ \$	0.00
32. Add all of the additional expen Add lines 25 through 31.	se deductions.			\$	0.00

Case number (if known)

Deductions 1	far Doht	Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Mortgages on your home:				Average monthly payment		
33a,	Copy line 9b here			······	\$		
	Loans on your first two ve	ehicles:					
33b.	Copy line 13b here		**********************	→	\$		
33c.	Copy line 13e here		***************************************	→	\$		
33d.	List other secured debts:						
	Name of each creditor for of secured debt	ther Identify proper secures the de		Does payment include taxes or insurance?			
				No Yes	\$		
		-	***************************************	☐ No ☐ Yes	\$		
				☐ No ☐ Yes	+ \$		
33e. To	otal average monthly paymen	t. Add lines 33a through 33	Jd	******************************	\$ <u>0.0</u> 0	Copy total	\$ 0.00
or oti	ny debts that you listed in li ner property necessary for y	ine 33 secured by your pr your support or the supp	rimary residenc ort of your dep	ce, a vehicle, endents?		!	
	o. Go to line 35.						
□ Ye	es. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill i	ossession of your property	addition to the p (called the <i>cure</i>	ayments amount).			
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
			\$	- ÷ 60 =	\$		
			\$	÷ 60 =	\$		

+ 60 =

Total

- 35. Do you owe any priority claims such as a priority tax, child support, or alimony -that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.
 - No. Go to line 36.
 - Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims

 $\div 60 =$

Copy total

here 👈

0.00

Deblor 1	Keyla Me	ienaez	111		_	Case numb	oer (if kno	own)			
	First Name	Middle Name	Last Name								
For	more informa	tion, go online u	nder Chapter 13? 11 Using the link for Bankruptor Basics may also be	ptcy Bas	sics specified in the	separate y clerk's of	fice.				
☐ No	o. Go to line	37.									
☐ Ye	s. Fill in the	following informa	ation.								
	Projected	l monthly plan p	ayment if you were filing	j under (Chapter 13		\$				
	Administ	ative Office of the rolina) or by the	r district as stated on the ne United States Courts Executive Office for Un	(for dist	tricts in Alabama ai		ζ.				
	link speci		oltipliers that includes you cate instructions for this by clerk's office.			the					
	Average	monthly adminis	trative expense if you w	ere filin	g under Chapter 13	.	\$		Copy total	\$	
37. Add a Add lir	II of the ded nes 33e throu	uctions for deb	t payment.			************				\$	0.00
Total Dec	ductions fro	m Income									
38. Add al	ll of the allo	wed deductions	5.								
			owed under IRS	\$	4,331.00						
Copy li	ne 32, <i>All of</i> i	the additional ex	pense deductions	\$							
Copy li	ne 37, <i>All of</i> i	the deductions fo	or debt payment	+\$	· · · · · · · ·						
			Total deductions	\$	4,431.00	Copy	total he	ere	→	\$	4,431
Part 3:	Determi	ne Whether Ti	here Is a Presumpt	ion of A	Abuse						
39, Calcu	late monthly	disposable inc	come for 60 months								
39a.	Copy line 4,	adjusted current	monthly income	\$	3,800.00						
39b.	Copy line 38	Total deduction	18	- \$	4,431.00						
		osable income. 39b from line 39	11 U.S.C. § 707(b)(2).	\$	0.00	Copy here	>	\$	0.00		
	For the next	60 months (5 ye	ears)					x 60			
									O OO Copy		
39d. `	Total. Multip	y line 39c by 60			***************************************	•••••	******	\$	0.00 Copy	\$	00
								l	4	t	
40. Find o	ut whether t	here is a presu	mption of abuse. Chec	ck the bo	ox that applies:						
	e line <mark>39d is</mark> Part 5.	less than \$10,2	275*. On the top of page	1 of thi	s form, check box	1, There is	no pre	esumption	of abuse. Go		
to											

* Subject to adjustment on 4/01/28, and every 3 years after that for cases filed on or after the date of adjustment.

The line 39d is at least \$10,275*, but not more than \$17,150*. Go to line 41.

Debtor 1	Keyla Mefendez	Case number (if known)					
ieoloi i	First Name Middle Name Last Name						
41, 41a.	Fill in the amount of your total nonpriority unsect Summary of Your Assets and Liabilities and Certain to (Official Form 106Sum), you may refer to line 3b on to	Statistical Information Schedules	_{\$} 20,566.47				
			x .25				
416	. 25% of your total nonpriority unsecured debt. 11 Multiply line 41a by 0.25		\$ 30,144.62 Copy \$ 30,144.6				
is er	ermine whether the income you have left over after nough to pay 25% of your unsecured, nonpriority d ck the box that applies:		1				
ا 🗅 ۱	Line 39d is less than line 41b. On the top of page 1 of Go to Part 5.	of this form, check box 1, There is no presur	mption of abuse.				
	_ine 39d is equal to or more than line 41b. On the to of abuse. You may fill out Part 4 if you claim special cir		e is a presumption				
art 4:	Give Details About Special Circumstances	3					
	have any special circumstances that justify additionable alternative? 11 U.S.C. § 707(b)(2)(B).	onal expenses or adjustments of current	monthly income for which there is no				
☑ No.	Go to Part 5.						
☐ Yes.	. Fill in the following information. All figures should refle for each item. You may include expenses you listed in		ne adjustment				
	You must give a detailed explanation of the special ci adjustments necessary and reasonable. You must als expenses or income adjustments.	ircumstances that make the expenses or inc so give your case trustee documentation of	come your actual				
Give a detailed explanation of the special circumstances		s	Average monthly expense or income adjustment				
			\$				
	T		\$				
			\$				
			\$				
			····				
art 5:	Sign Below						
urt 0.	oign boton						
	By signing here, I declare under penalty of perjury that	at the information on this statement and in a	ny attachments is true and correct.				
	xxoula mellende) ₄ ' ×					
	Signature of Debtor 1	Signature of Debtor 2					
	Date 6 23 2025	Date					
	MM / DD / YYYY	MM/DD /YYYY	- .				

List of creditors

Capital One P.O. Box 31293 Salt Lake City, UT 84131-1293

Navy Federal Credit Union P.O. box 3700 Merrifield VA 22119

USAA Federal Savings P.O. Box 47504 San Antonio TX 78265

Freedom Road Financial 10509 Professional CIR S Reno NV 89521

Geico Indemnity Co 725 Canton St Norwood MA 02062

THD/CBNA P.O. Box 6497 Sioux Falls SD 57117

Pentagon Federal Credit 2930 Eisenhower Ave Alexandria VA 22314

American Express P.O. Box 1270 Newark NJ 07101 US. BANKRUPTCY COURT FILED NEWARK, NJ

2025 JUN 30 P 12: 29

DEPUTY CLERK